Distressed Tenant Emergency Help Manual

Armstrong, Clarion, Jefferson, and Westmoreland Counties

Rule 1531

According to Pennsylvania Rule of Civil Procedure 1531 if you can show that:

"immediate and irreparable injury will be sustained before notice can be given or a hearing held, the court may issue a preliminary or special injunction without a hearing or without notice."

What does this mean?

If your landlord shuts off your utilities, you can petition the court for emergency relief in the form of a preliminary injunction where your landlord will be ordered by the court to turn the utilities back on.

What if the utilities are shut off because I did not pay rent?

Even if you did not pay rent, your landlord still must give you 10 days written notice before they can evict you. In those ten days it is illegal for your landlord to turn off your utilities or try to get you to leave. If you are being evicted for something other than nonpayment of rent, the landlord must give you 15 days written notice if your lease is for less than one year. If the lease is for a year or longer, then the notice requirement is 30 days.

Please fill out and submit only the forms indicated in the instructions listed in your county. County by County instructions are in the subsequent pages along with instructions on how to fill out each form followed by a blank form for you to fill out and file with the court.

What do I need in order to file?

- 1. Fill out the attached **Civil Cover Sheet** (Form 1). If you live in Westmoreland County, you will also fill out the **Westmoreland County Civil Cover Sheet** (Form 1.5). No other county will need to fill out Form 1.5.
- 2. Fill out the attached **Petition for Ex Parte Preliminary Injunctive Relief** (Form 2).
- 3. Fill out the attached **Order of the Court form** (Form 3).
- 4. A bond may be put in place, however can be waived or reduced by filling out and filing the attached **Motion to Proceed in Forma Pauperis** (Form 4).
- 5. File the Civil Cover Sheet, Order of the Court, Motion to Proceed in Forma Pauperis, and Petition for Ex Parte Preliminary Injunctive Relief at the Prothonotary Office in the county in which you live in. A list of the Address can be found below.
- 6. An order will be issued by the judge regarding the preliminary injunctive relief, and a hearing will be scheduled in approximately 10 days.

ALL DOCUMENTS MUST BE FILLED OUT IN BLUE OR BLACK INK

Armstrong County Prothonotary and Clerk of Courts Office	Clarion County Prothonotary Office
500 E. Market Street	421 Main Street
Suite 103	Clarion, PA 16214
Kittanning, PA 16201	814-226-4000
724-548-3252	
	Monday – Friday
Monday-Friday:	8:30 am - 4:30 pm
8:00 am-4:30 pm	
	Westmoreland County
Jefferson County	Prothonotary Office
Prothonotary Office	•
•	2 North Main Street
200 Main Street	Suite #501
Brookville, Pa 15825	Greensburg, PA 15601
814-849-1606	724-830-3502
Monday-Friday	Monday – Friday
8:30 am-4:30 pm	8:30 am - 4:00 pm
•	±

<u>Supreme Court Civil Cover Sheet – Form 1</u>

Every case that goes through civil court must be accompanied by a civil cover sheet. You will fill this cover sheet out no matter what county you live in. This will give the Court and the Prothonotary Office all the basic information needed to file your complaint.

The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.

- Box 1: Print the name of the county in which you are filing.
- Box 2: Fill in the checkbox listed as "Petition".
- Box 3: Print your full name.
- Box 4: Print your landlord's name
- Box 5: Fill in the checkbox listed as "NO".
- Box 6: Fill in the checkbox listed as "NO".
- Box 7: Fill in the checkbox listed as "NO".
- Box 8: Fill in the checkbox listed as "Check here if you have no attorney".
- Box 9: Fill in the checkbox listed as "Landlord/Tenant Dispute".

DO NOT FILL OUT ANYTHING ELSE ON THIS FORM

	Supreme Court of Pennsylvania						
	Court of Common Ple Civil Cover Sheet	as County	For Prothonotary Us Docket No:	se Only:	$T_{ME}S_{T_{AMp}}$		
	The information collected on this for supplement or replace the filing and			on purposes. This f equired by law or ru			
S E	Commencement of Action: Complaint Transfer from Anothe Grant Summary tion		Petition Declaration of Taking	4			
C T	Lead Plaintiff's Name:	5	Lead Defendant's Nan	ne:			
I O	Are money damages requested?	Yes No	Dollar Amount R (check one)				
N	Is this a Class Action Suit?	6 No	Is 8 MD	OJ Appeal?	Yes No		
A	Name of Plaintiff/Appellant's Attorned Check here if vo	•	(are a Self-Represen	nted [Pro Se] Litig	ant)		
S E C T I O N	TORT (do not include Mass Tort) Intentional Malicious Prosecution Motor Vehicle Nuisance Premises Liability Product Liability (does not include mass tort) Slander/Libel/ Defamation Other: MASS TORT Asbestos Tobacco Toxic Tort - DES	CONTRACT (do	on: Credit Card on: Other Dispute:	and the second s	de one that LS		
В	Toxic Tort - Implant Toxic Waste Other: PROFESSIONAL LIABLITY Dental Legal Medical Other Professional:	Ground Rent Landlord/Tena Mortgage Fore	ain/Condemnation	MISCELLANE Common Lar Declaratory J Mandamus Non-Domest Restraining G Quo Warrant Replevin Other:	w/Statutory Arbitration fudgment ic Relations Order		

Supreme Court of Pennsylvania

Court of Common Pleas Civil Cover Sheet

		477
	Docket No:	STAN
_ County		- 12

For Prothonotary Use Only:

	The information collected on this for supplement or replace the filing and s					
S	Commencement of Action: Complaint Writ of Summ Transfer from Another Jurisdiction	nons		Petition Declaration of Taking		
E C	Lead Plaintiff's Name:			Lead Defendant's Nam	ne:	
T I O	Are money damages requested?	∃Yes	□ No	Dollar Amount Ro (check one)		within arbitration limits outside arbitration limits
N	Is this a Class Action Suit?	∃Yes	□ No	Is this an MD	J Appeal?	☐ Yes ☐ No
A	Name of Plaintiff/Appellant's Attorne	-	attorney (are a Self-Represer	nted [Pro S	e] Litigant)
		SE. If you	ı are maki	case category that r		
S E C T I O N	TORT (do not include Mass Tort) Intentional Malicious Prosecution Motor Vehicle Nuisance Premises Liability Product Liability (does not include mass tort) Slander/Libel/ Defamation Other: MASS TORT Asbestos Tobacco Towic Tort, DES	Buy Deb Deb Emp Disc	er Plaintiff of Collection of Collection bloyment D crimination bloyment D	n: Credit Card n: Other	Boar Boar Dept Statu	trative Agencies and of Assessment and of Elections and of Transportation attory Appeal: Other and Board
	Toxic Tort - DES Toxic Tort - Implant Toxic Waste Other: PROFESSIONAL LIABLITY Dental Legal Medical Other Professional:	Ejec Emi Grou Land Mor Mor	nent Doma und Rent dlord/Tenar tgage Fore tgage Fore ition et Title	in/Condemnation	☐ Com ☐ Decl ☐ Man ☐ Non Rest	-Domestic Relations raining Order Warranto evin

Westmoreland County Civil Cover Sheet – Form 1.5

If you are not filing in Westmoreland County, do NOT fill out this form. You can skip to Form 2. If you are filing in Westmoreland County, you will need to fill out the Westmoreland County Civil Cover Sheet as well as the Supreme Court Civil Cover Sheet. This form tells the Court the basic information needed to file your paperwork.

The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.

- Box 1: Print your full name.
- Box 2: Print your landlord's name.
- Box 3: Leave this area empty.
- Box 4: Print your telephone number and email on the lines as indicated.
- Box 5: Check the box saying "Yes"
- Box 6: Check the box saying "No."
- Box 7: Check the box saying "No."
- Box 8: Print your name.
- Box 9: Sign your name on the line.
- Box 10: Print the date.
- Box 11: Leave these lines empty. They do apply to you as you are filing the documents with the Court yourself.

IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY PENNSYLVANIA CIVIL WESTMORELAND COUNTY COVER SHEET Judge: __ Case No. :_____ Counsel: _____ Representing: Pa. I.D. No. :_____ Plaintiff(s) Firm : _____ v. Address: Defendant(s) Phone No.: Fax No.:_ E-mail: _ PLEASE ANSWER THE FOLLOWING: 1. Is the Amount in Controversy Less Than \$30,000? Yes No 2. Does This Case Involve Discovery of Electronically Yes Stored information? 3. Does This Case Involve a Construction Project? Yes ENTRY OF APPEARANCE TO THE HONOTARY: am filing pro se in this action. Signature: ___ _____ Date: _ Please enter my appearance on behalf of the Plaintiff/Petitioner/Appellant. Papers may be served at the address set forth above. Signature: _____ Date: ____

Original - Prothonotary

Copies - Judge and Opposing Counsel

IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY PENNSYLVANIA CIVIL

WESTMORELAND COUNTY CIVIL COVER SHEET

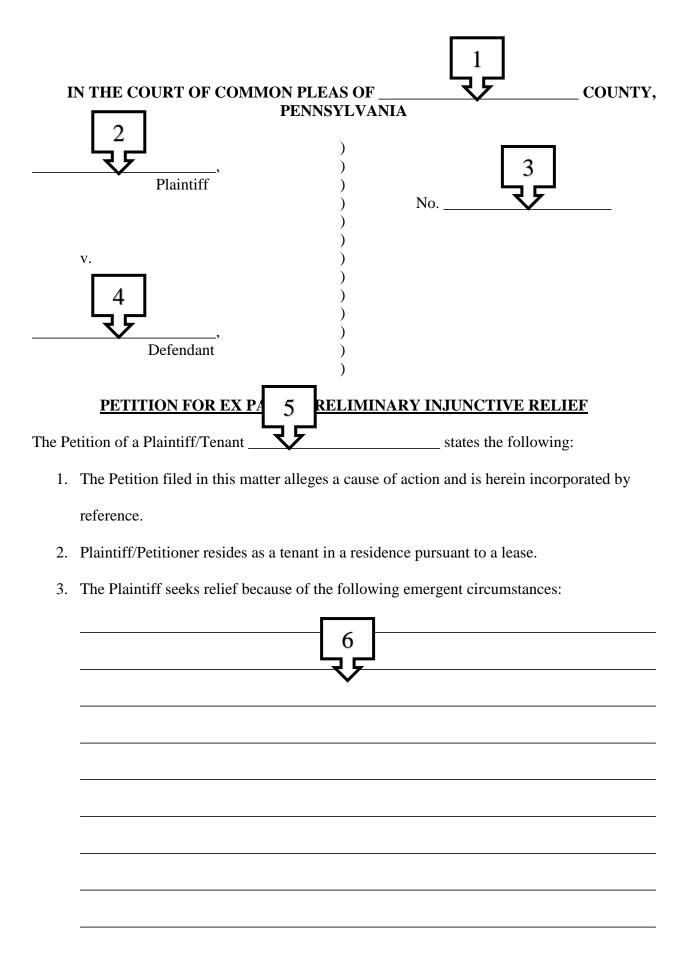
	Judge:
	Case No. :
	Counsel:
	Representing:
Plaintiff(s)	Pa. I.D. No. :
	Firm :
V.	Address:
Defendant(s)	
`,	Phone No. :
	Fax No. :
	E-mail:
PLEASE ANSWER THE FOLLOWING:	<u>.</u>
3. Is the Amount in Controversy Les	s Than \$30,000? Yes No
4. Does This Case Involve Discovery	y of Electronically Yes No
Stored information?	
4. Does This Case Involve a Construc	etion Project? Yes No
ENTRY OF APPEARANCE	
TO THE PROTHONOTARY:	
I, am filing pr	ro se in this action.
Signature:	Date:
Please enter my appearance on behalf of at the address set forth above.	the Plaintiff/Petitioner/Appellant. Papers may be served
Signature:	Date:
Original - Prothonotary	Copies - Judge and Opposing Counsel

Petition for Ex Parte Preliminary Injunctive Relief – Form 2

This form is the form in which you tell the Court why you are seeking relief. It is important to fill this from out carefully, concisely, and with as much detail as possible.

The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.

- Box 1: Print the county in which you are filing for relief.
- Box 2: Print your full name.
- Box 3: If you have been assigned a docket number, print it on this line. If you have not been assigned a docket number at this time, leave this line empty until you have been assigned one.
- Box 4: Print the full name of the Defendant.
- Box 5: Print your name as you printed it above.
- Box 6: Write a brief description of why you are filing for injunctive relief. Be sure to explain what has happened as clearly and concisely as possible. Be specific and detail all relevant information.
- Box 7: Write a brief description of what specific losses you will suffer if the court does not grant injunctive relief.
- Box 8: Sign your name on the line.



4.	The defendant's actions were not preceded by the giving of a Notice to Quit, as required
	by the Pennsylvania Landlord Tenant Law of 1951, 68 P.S. §250.501 nor preceded by a
	landlord-tenant hearing pursuant to a complaint in eviction, or Action in Ejectment.
5.	Plaintiff will sustain immediate and irreparable harm before any notice can be given or a hearing held. Specific losses include
6.	No adequate remedy at law exists for the loss of shelter
WH	EREFORE, Petitioner respectfully requests the Court to enter into an Order:
A.	Preliminarily enjoining the Defendant from denying Plaintiff entry into the residence
	until a hearing can be held,
B.	Preliminarily enjoining the Defendant from resorting to any other illegal self-help
	eviction measures in violation of the laws of the Commonwealth of Pennsylvania,
C.	Waive the bond in this matter or set the bond at a nominal amount since petitioner is
	indigent,
D.	Set a date for a hearing within five days on the Permanent Injunction,
E.	And any such further relief as the Court deems just and proper
	RESPECTFULLY SUBMITTED,

Plaintiff/Petitioner

IN T	THE COURT OF COMMON PL	EAS OF	CO	OUNTY,
	PE	ENNSYLVAN	NIA	
	Plaintiff v.))))))	No	
	Defendant,)))		
	PETITION FOR EX PARTE	PRELIMIN	ARY INJUNCTIVE RELIE	<u>F</u>
The Pet	tition of a Plaintiff/Tenant		states the following:	
1.	The Petition filed in this matter all	leges a cause o	of action and is herein incorpor	ated by
	reference.			
2.	Plaintiff/Petitioner resides as a ten	ant in a reside	ence pursuant to a lease.	
3.	The Plaintiff seeks relief because	of the following	ng emergent circumstances:	

7.	The defendant's actions were not preceded by the giving of a Notice to Quit, as required
	by the Pennsylvania Landlord Tenant Law of 1951, 68 P.S. §250.501 nor preceded by a
	landlord-tenant hearing pursuant to a complaint in eviction, and Action in Ejectment.
8.	Plaintiff will sustain immediate and irreparable harm before any notice can be given or a
	hearing held. Specific losses include
9.	No adequate remedy at law exists for the loss of shelter
WH	EREFORE, Petitioner respectfully requests the Court to enter into an Order:
F.	Preliminarily enjoining the Defendant from denying Plaintiff entry into the residence
	until a hearing can be held,
G.	Preliminarily enjoining the Defendant from resorting to any other illegal self-help
	eviction measures in violation of the laws of the Commonwealth of Pennsylvania,
Н.	Waive the bond in this matter or set the bond at a nominal amount since petitioner is
	indigent,
I.	Set a date for a hearing within five days on the Permanent Injunction,
J.	And any such further relief as the Court deems just and proper
	RESPECTFULLY SUBMITTED
	Plaintiff/Petitioner

Court Order and Verification – Form 3

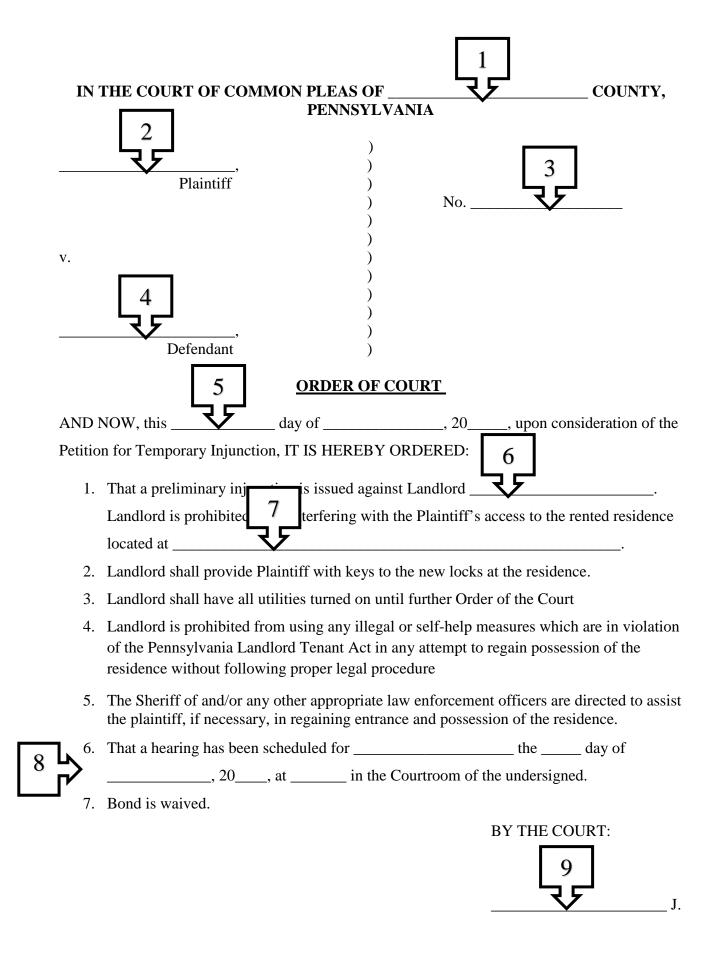
This form will need filled out. A Judge will complete the lines that you are told to leave empty.

This form will act as your temporary injunction and will indicate when the parties are to return to

for a hearing on the matter. The temporary injunction will prevent your landlord from shutting off utilities or forcing you from the residence prior to the holding of a hearing.

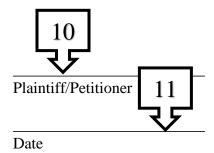
The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.

- Box 1: Print the county in which you are filing.
- Box 2: Print your full name.
- Box 3: If you have been assigned a docket number by the Prothonotary Office, print this number on the line. If you have not been assigned a docket number at this time, leave this line empty until you have been assigned one.
- Box 4: Print your landlord's name.
- Box 5: Print the date as indicated.
- Box 6: Print your landlord's name as you did above.
- Box 7: Print your address on the line provided.
- Box 8: Leave the lines on bullet point 6 empty. The judge will fill this in once the order is issued.
- Box 9: Leave this line empty. The Judge will sign this line upon issuing the order.
- Box 10: Sign your name on the line.
- Box 11: Print the date on the line.



VERIFICATION

I verify that the statements made in this complaint are true and correct, I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.



IN	THE COURT OF COM	MMON PLEAS OF		COUNTY,
		PENNSYLVAN	[A	, ,
V.	Plaintiff,))))))))))))))	No	
	Defendant)		
		ORDER OF COU	RT	
AND	NOW, this	day of	, 20	, upon consideration of the
		ion, IT IS HEREBY ORI		
	Landlord is prohibited located at Landlord shall provide Landlord shall have all Landlord is prohibited	Plaintiff with keys to the utilities turned on until fu	Plaintiff's new locks orther Order Self-help m	at the residence. er of the Court neasures which are in violation
	= = = = = = = = = = = = = = = = = = =	wing proper legal procedu	_	
5.		other appropriate law enfry, in regaining entrance a		officers are directed to assist sion of the residence.
6.	That a hearing has been	n scheduled for		the day of
	, 20	, at in th	e Courtroo	om of the undersigned.
7.	Bond is waived.			BY THE COURT:
				J.

VERIFICATION

I verify that the statements made in this complaint are true and correct, I understand that false
statements herein are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn
falsification to authorities.

Plaintiff/Petitioner
Date

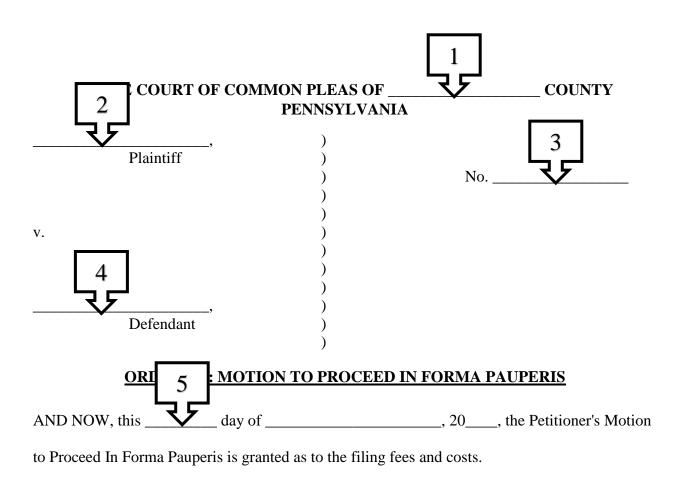
Petition to Proceed in Forma Pauperis – Form 4

When filing for injunctive relief, it is generally required that the petitioner pay court and filing fees, however, the courts do understand that this is not possible for some individuals. If you are unsure if you will be able to pay for filing fees, you will need to fill out the Petition to Proceed in Forma Pauperis. Once granted by a judge, this petition will allow for filing fees to be waived and filing for injunctive relief will be free of cost to you. Be sure to fill this form out carefully and completely.

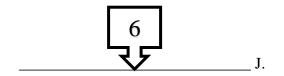
The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form

- Box 1: Print the county in which you are filing for custody.
- Box 2: Print your name as you did on the complaint.
- Box 3: If you have been assigned a docket number by the prothonotary office, you will print it in on this line. If you have not been assigned a docket number, leave this line black until you have been assigned one.
- Box 4: Print the defendant's name as you did on the complaint.
- Box 5: You will leave the lines for the date empty so that the Judge can fill them out.
- Box 6: Leave this line empty. The Judge will sign this line upon granting the motion.
- Box 7: Print the county in which you are filing for custody.
- Box 8: Print your name as you did on the complaint.
- Box 9: If you have been assigned a docket number, you will print it in on this line. If you have not been assigned a docket number, leave this space empty until you have been assigned one.
- Box 10: Print the name of the Defendant as you did on the complaint.
- Box 11: Print your name and your address on the appropriate lines.

- Box 12: If you are currently employed, use these lines to designate who you employer is, what their address is, your salary or wages at that job, and the type of work you do with that employer.
- Box 13: If you are presently unemployed, use these lines to indicate the date you were employed last, the salary or wages you made at that job, and the type of work done.
- Box 14: In section c, you are to indicate any other income that you have received within the last 12 months. On these lines, you are to list any income that has come from business, self-employment other than your job, interest on accounts/investments, dividends, pensions and annuities, social security benefits, support payments, disability payments, unemployment compensation/supplemental benefits, worker's compensation, public assistance, and other forms of income you may receive not listed.
- Box 15: In section d, you are to list gross amounts of income contributed to the household by members of the household other than yourself. This includes spousal income, and their employment information, children's contributions, parental contributions, and other contributions from others in the household.
- Box 16: In section e, you are to list any property owned. Property includes not only real estate, but cash, money in checking and savings accounts, certificates of deposit, motor vehicles, stocks and bonds, and other like property.
- Box 17: In Section f, you are to list any regular monthly obligations such as your mortgage, rent, loans, utilities, insurance and other bills.
- Box 18: In section g, you are to list all of your dependents and persons who depend upon you for support. This can include but is not limited to a spouse, children, or elderly parents.
- Box 19: Print the date.
- Box 20: Sign your name on the line.



BY THE COURT,



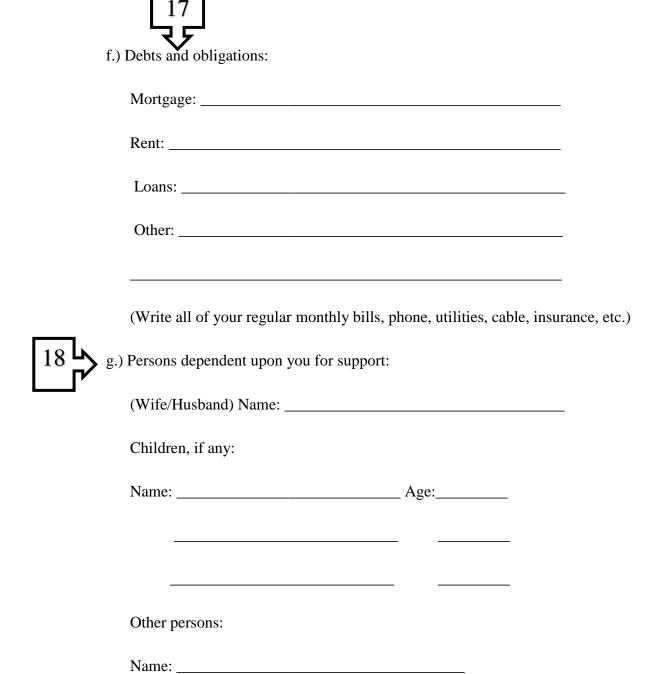
			7	CONTINUE
	8 COURT OF CO	OMMON PLEAS OF ₋ PENNSYLVAN	IA V	_ COUNTY
	万)		9
	Plaintiff)	No.	₹ ,
)		
v.)		
	10)		
)		
	Defendant)		
)		
	<u>PETITION TO PR</u>	OCEED IN FORMA	PAUPERIS & AFFI	<u>DAVIT</u>
1.	I am the petitioner in the ab			
2.	I am unable to obtain funds Costs of litigation.	s from anyone, includin	g my family and asso	ciates, to pay the
3.	I represent that the information True and correct:	ntion below relating to n	ny ability to pay the fo	ees and costs is
_	a.) My Name is:			
	11 🖒			
L	My Address is: _			
	_			
	b.) Employment:			
12	If you are presently e	mployed, state your:		
	Employer:			
	Employer's Address:			

	Salary or wages per month:	
	Type of work:	
13	If you are presently unemployed, state:	
ш′	Date of last employment:	
	Salary or wages per month:	
	Type of work:	
c.)	Please list any other income received within the past twelve months:	
14 🖒	(Write the gross amount (before taxes) per month that you received	
	you received this income.)	
	Business or profession:	
	Other self-employment:	
	Interest:	
	Dividends:	
	Pension and annuities:	-
	Social security benefits:	
	Support payments:	
	Disability payments:	
	Unemployment compensation and/or supplemental benefits:	
	Workers' Compensation:	
	Public assistance:	
	Other:	



d)	Other	contributions	to hous	ehold	sunnort
u.)	Ould	Committed	io nous	enoia	SUDDOIL

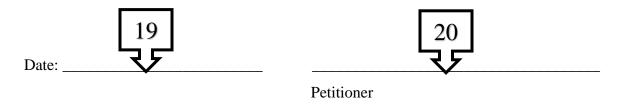
(Write the gross amount (before taxes) per month that you received and the months you received this income.) (Wife) (Husband) Name: _____ If your (wife) (husband) is employed, please state Employer: Salary or wages per month: Type of work: _____ Contributions from children: Contributions from parents: Other contributions: e.) Property owned: Cash: ____ Checking Account: Savings Account: Certificates of deposit: Real estate (including home): Motor Vehicle: Make______, Year______, Cost: _____ Amount Owed: _____ Stocks and bonds:



4. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.

Relationship:

5. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 3a.C.S. § 4904, Relating to unsworn falsification to authorities.



IN THE COURT OF COMMON PLEAS OFPENNSYLVANIA				COUNTY	
Plaintiff v.)))))))))	No.		
Defendan)))) DDOCEED IN EC	NDM/A 1	DA LIDEDIC	
	RE: MOTION TO			_, the Petitioner's Motion	
to Proceed In Forma Pau				_, the reduction s wiodon	
		BY THE COURT,			
				T	

	IN THE COURT OF COM	IMON PLEAS OF	COUNTY
		PENNSYLVANIA	
	Plaintiff)	
)	No
)	
v.)	
)	
)	
	Defendant)	
)	
	<u>PETITION TO PROC</u>	CEED IN FORMA PAUPERI	S & AFFIDAVIT
1.	I am the petitioner in the above	ve matter and because of my fin	ancial condition am unable to
	pay the fees and costs of prose	ecuting or defending this action	or proceeding.
2.	I am unable to obtain funds fr	om anyone, including my famil	y and associates to nay the
	Costs of litigation.	om anyone, merading my raim	y and associates, to pay the
	costs of magazion.		
3.	I represent that the informatio	n below relating to my ability to	o pay the fees and costs is
	True and correct:		
	a.) My Name is:		
	My Addraes is:		
	Wy Address is.		
	b.) Employment:		
	If you are presently emp	ployed, state your:	
	Employer:		
	Employer's Address:		

Salary or wages per month:	
Type of work:	
If you are presently unemployed, state:	
Date of last employment:	
Salary or wages per month:	
Type of work:	
c.) Please list any other income received within the past twelve months:	
(Write the gross amount (before taxes) per month that you received and t	he months
you received this income.)	
Business or profession:	
Other self-employment:	
Interest:	
Dividends:	
Pension and annuities:	
Social security benefits:	
Support payments:	
Disability payments:	
Unemployment compensation and/or supplemental benefits:	
Workers' Compensation:	
Public assistance:	
Other:	

d.) Other contributions to household support:
(Write the gross amount (before taxes) per month that you received and the months
you received this income.)
(Wife) (Husband) Name:
If your (wife) (husband) is employed, please state
Employer:
Salary or wages per month:
Type of work:
Contributions from children:
Contributions from parents:
Other contributions:
e.) Property owned:
Cash:
Checking Account:
Savings Account:
Certificates of deposit:
Real estate (including home):
Motor Vehicle: Make, Year,
Cost: Amount Owed:
Stocks and bonds:
Other:

f.) Debts and obligations:		
Mortgage:		
Rent:		
Loans:		
Other:		
(Write all of your regular monthly bills	s, phone, utilities, c	eable, insurance, etc.)
g.) Persons dependent upon you for suppor	rt:	
(Wife/Husband) Name:		
Children, if any:		
Name:	Age:	_
		_
		_
Other persons:		
Name:		
Relationship:		

4. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.

5. I verify that the statements made in	this affidavit are true and correct. I understand that
false statements herein are made subjec	et to the penalties of 18 3a.C.S. § 4904, Relating to
unsworn falsification to authorities.	
Date:	Petitioner