

COURT OF COMMON PLEAS OF BERKS COUNTY CIVIL COVER SHEET	<u>For Prothonotary Use Only</u>	
PLAINTIFF'S NAME:	DOCKET NUMBER:	
PLAINTIFF'S ADDRESS:	DEFENDANT'S NAME:	
PLAINTIFF'S NAME:	DEFENDANT'S ADDRESS:	
PLAINTIFF'S ADDRESS:	DEFENDANT'S NAME:	
PLAINTIFF'S ADDRESS:	DEFENDANT'S ADDRESS:	
TOTAL NUMBER OF PLAINTIFFS:	TOTAL NUMBER OF DEFENDANTS:	
Amount in Controversy: Please check the appropriate box.		
<input type="checkbox"/> \$50,000 or less <input type="checkbox"/> More than \$50,000 <input type="checkbox"/> Not Applicable		
NATURE OF THE CASE: Place an "X" to the <u>LEFT</u> of the <u>ONE</u> case category that most accurately describes your <u>PRIMARY CASE</u> . If you are making <u>more than one type of claim</u> , check the one that involves the <u>largest amount of damages</u> or the one you consider <u>most important</u> .		
<u>CONTRACT</u> <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Mechanic's Lien <input type="checkbox"/> Employment <input type="checkbox"/> Insurance <input type="checkbox"/> Negotiable Instrument <input type="checkbox"/> Product Liability <input type="checkbox"/> Warranty <input type="checkbox"/> Mortgage Foreclosure <input type="checkbox"/> Replevin <input type="checkbox"/> Issue Subpoena <input type="checkbox"/> Other _____	<u>TORTS</u> <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Assault <input type="checkbox"/> Libel/Slander <input type="checkbox"/> Medical Malpractice <input type="checkbox"/> Legal Malpractice <input type="checkbox"/> Product Liability <input type="checkbox"/> Other Professional Liability <input type="checkbox"/> Implant <input type="checkbox"/> Minor's Compromise <input type="checkbox"/> Wrongful Death/Survival <input type="checkbox"/> Asbestos <input type="checkbox"/> Other _____	<u>MISCELLANEOUS ACTIONS</u> <input type="checkbox"/> Ejectment <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Mandamus <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Equitable Relief <input type="checkbox"/> Other _____
<input type="checkbox"/> Transfer from Other Jurisdiction	<input type="checkbox"/> Class Action	<u>APPEALS</u> <input type="checkbox"/> Award of Viewers <input type="checkbox"/> Board of Assessment <input type="checkbox"/> Zoning Hearing <input type="checkbox"/> Driver's License Suspension <input type="checkbox"/> Registration Suspension <input type="checkbox"/> Local Agency <input type="checkbox"/> Board of Elections <input type="checkbox"/> Land Use <input type="checkbox"/> District Justice Appeal <input type="checkbox"/> Other _____
RELATED PENDING CASES: (List by Docket Number - Indicate Whether the Related Cases Have Been Consolidated)		
NAME OF PLAINTIFF'S/APPELLANT'S ATTORNEY:	ADDRESS:	
SUPREME COURT ID#	PHONE NUMBER:	
DATE: _____	SIGNATURE: _____	

Pursuant to **Rule 205.2(b)** of the **Berks County Rules of Civil Procedure**, a cover sheet **MUST** accompany a complaint or other document commencing an action for statistical purposes and to assist the Court in assigning and managing the case. It shall have no legal effect in the case.