

LICENSE-REGISTRATION SUSPENSION APPEAL NUNC PRO TUNC

**IT IS STRONGLY RECOMMENDED THAT
YOU CONSULT AN ATTORNEY**

DISCLAIMER

THE STAFF IN ANY COURT OFFICE ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THIS PACKET IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING RELIANCE ON THEIR CONTENTS. IF YOU WANT TO OBTAIN THE SERVICES OF AN ATTORNEY BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY CALL THE LUZERNE COUNTY LAWYER REFERRAL SERVICE AT (570) 822-6029.

LICENSE SUSPENSION APPEAL NUNC PRO TUNC

1. Complete the attached petition.
2. You must include the letter from PennDOT as Exhibit "A".
3. Present the petition to Court Administration to schedule a hearing date.
4. File petition in the Prothonotary's office. All copies will be time-stamped and payment is due at the time of filing.
5. Return a time-stamped copy to Court Administration, mail a time-stamped copy to PennDOT via certified mail, retain a time stamped copy of petition for date and time of hearing.

Supreme Court of Pennsylvania

Court of Common Pleas Civil Cover Sheet



County _____

For Prothonotary Use Only:

Docket No. _____

TIME STAMP

The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.

Commencement of Action:

- Complaint Writ of Summons Petition
 Transfer from Another Jurisdiction Declaration of Taking

Lead Plaintiff's Name: _____

Lead Defendant's Name: _____

Are money damages requested? Yes No

Dollar Amount Requested: within arbitration limits
(check one) outside arbitration limits

Is this a *Class Action Suit*? Yes No

Is this an *MDJ Appeal*? Yes No

Name of Plaintiff/Appellant's Attorney: _____

Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)

Nature of the Case: Place an "X" to the left of the ONE case category that most accurately describes your **PRIMARY CASE**. If you are making more than one type of claim, check the one that you consider most important.

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: _____

CONTRACT (do not include Judgments)

- Buyer Plaintiff
 Debt Collection: Credit Card
 Debt Collection: Other

 Employment Dispute:
 Discrimination
 Employment Dispute: Other

 Other:

CIVIL APPEALS

- Administrative Agencies
 Board of Assessment
 Board of Elections
 Dept. of Transportation
 Statutory Appeal: Other

 Zoning Board
 Other:

MASS TORT

- Asbestos
 Tobacco
 Toxic Tort - DES
 Toxic Tort - Implant
 Toxic Waste
 Other: _____

REAL PROPERTY

- Ejectment
 Eminent Domain/Condemnation
 Ground Rent
 Landlord/Tenant Dispute
 Mortgage Foreclosure: Residential
 Mortgage Foreclosure: Commercial
 Partition
 Quiet Title
 Other: _____

MISCELLANEOUS

- Common Law/Statutory Arbitration
 Declaratory Judgment
 Mandamus
 Non-Domestic Relations
 Restraining Order
 Quo Warranto
 Replevin
 Other: _____

PROFESSIONAL LIABILITY

- Dental
 Legal
 Medical
 Other Professional: _____

Appellant

V

Commonwealth of PA
Department of Transportation

In the Court of Common Pleas
Luzerne County
Pennsylvania

No.
Civil Action

MOTOR VEHICLE APPEAL

COURT ORDER

AND NOW, to wit, this _____ day of _____, 20____, a Hearing on the within Petition to Appeal Nunc Pro Tunc is scheduled for _____, _____, 20____, at _____AM/PM at the Luzerne County Courthouse, 200 North River Street, Wilkes-Barre, PA 18711.

BY THE COURT,

Distribution:

Prothonotary

PA Department of Transportation

Court Administration

Appellant address: _____

Appellant
vs.

IN THE COURT OF COMMON PLEAS
OF LUZERNE COUNTY

CIVIL DIVISION

Commonwealth of Pennsylvania
Department of Transportation

Petitioner

NO.

PETITION TO APPEAL MOTOR VEHICLE LICENSE SUSPENSION NUNC PRO TUNC

The Appellant respectfully represents that:

1. Appellant's residence is:
2. Appellant is duly licensed to operate motor vehicles in the Commonwealth of Pennsylvania.
Operator's License No. _____.
3. On _____, 20 ____, the Pennsylvania Department of Transportation suspended Appellant's operator's Privileges effective _____, 20 ____, under the authority of Section _____ of the Motor Vehicle Code. (Attach a copy of the Notice of Suspension).
4. Appellant was unable to file this appeal on a timely basis for the following reasons:
5. Appellant files this appeal of driver's privileges for the following reasons:

Wherefore, Appellant respectfully prays that this Appeal be allowed *nunc pro tunc*.

VERIFICATON

I, _____, verify that the statements made herein are true and correct to the best of my knowledge, and are made subject to the penalties of 18 PA. C.S.A §4904 relating to unsworn falsification to authorities.

Date: _____ Appellant's Signature: _____

Appellant

V

Commonwealth of PA
Department of Transportation

In the Court of Common Pleas
Luzerne County
Pennsylvania

No.
Civil Action

MOTOR VEHICLE APPEAL

CERTIFICATE OF SERVICE

I hereby certify that on _____, 20____, a true and correct copy of the within Petition and Order have been served upon the Commonwealth of Pennsylvania Department of Transportation by certified mail, return receipt requested at the below address:

The white copy of the receipt of service is attached hereto.

Appellant's Signature

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: _____

Signature: _____

Name: _____

Attorney No. (if applicable): _____

_____	:	IN THE COURT OF COMMON PLEAS
_____	:	OF LUZERNE COUNTY
_____	:	
Plaintiff (s)	:	
vs.	:	CIVIL
_____	:	
_____	:	
_____	:	NO. _____
Defendant (s)	:	

ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY
PURSUANT TO PA. R.C.P. NO. 1930.8

Please enter my appearance as a Self-Represented Party in the above captioned proceeding:

1. My name: _____ (Print legibly)

2. My address where pleadings and other legal papers may be served:

3. My contact telephone number (s):

 Fax number: _____

4. I understand that I am under a continuing obligation to provide current contact information to the Court, to other self-represented parties and to attorneys of record.

5. (If applicable) – I am currently represented by an attorney of record and I wish to be self represented, and
 - a. ___ I have given contemporaneous notice of this assertion to my attorney of record; or
 - b. ___ Attached to this entry of appearance is the withdrawal of appearance signed by my attorney of record.

I understand that I must give a filed copy of this entry of appearance to all self-represented parties and attorney s of record.

Date

Name