

**COMMONWEALTH OF PENNSYLVANIA**

**COURT OF COMMON PLEAS**

**Judicial District, County of**

**WRIT OF CERTIORARI**

**TO**

**MAGISTERIAL DISTRICT JUDGE**

**COMMON PLEAS No.**

**PRAECIPE FOR A WRIT OF CERTIORARI**

NAME OF PARTY FILING THIS PRAECIPE AND OBTAINING THIS WRIT		DOCKET No.
DATE JUDGMENT RENDERED	IN THE CASE OF <i>(Plaintiff)</i>	<i>(Defendant)</i>
	vs.	

The party named above claim that with respect to the above proceedings there was: *(Check applicable box or boxes)*

lack of jurisdiction over the subject matter                      lack of jurisdiction over \_\_\_\_\_  
*(Name of party)*

improper venue                      such gross irregularity of procedure as to make the judgment void

PRAECIPE: To the Prothonotary

Issue a Writ of Certiorari directing \_\_\_\_\_, Magisterial District Judge, to transmit to you a certified true copy of the record of the proceedings named above.

\_\_\_\_\_  
*(Signature of party filing praecipe or attorney or agent)*

**WRIT OF CERTIORARI**

TO: \_\_\_\_\_, Magisterial District Judge

1. You are hereby directed by this writ to transmit to the Prothonotary of this Court of Common Pleas, within ten (10) days after you receive this writ, a certified true copy of the record of the proceedings named above.

2. This writ, when received by you, will operate as a SUPERSEDEAS to the judgment for possession in this case.

*This block will be checked ONLY when this notation is required under Pa.R.C.P.D.J. No. 1013B.*

Date delivered for service \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
*(Signature of Prothonotary or Deputy)*

**COURT FILE**

**PROOF OF SERVICE OF WRIT OF CERTIORARI**

*(This proof of service MUST BE FILED WITHIN FIVE (5) DAYS AFTER delivery of the writ for service)*  
*(Check applicable boxes)*

I hereby certify that I served the Writ of Certiorari, Common Pleas No. \_\_\_\_\_, upon the Magisterial District Judge to whom it was directed on \_\_\_\_\_, 20 \_\_\_\_\_, by personal service, or certified or registered mail, sender's receipt attached hereto.

I verify that the statements herein are true and correct. I understand that false statements herein are made subject to the penalties of section 4904 of the crimes code (18 Pa.C.S. § 4904), relating to unsworn falsification to authorities.

By: \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_