

## **PETITION FOR REVIEW INSTRUCTIONS**



**These instructions and Petition for Review form should be used to appeal to the Commonwealth Court from a final decision of a state agency. To complete the form, you will need a copy of the decision that you are appealing. The instructions below will help you complete the Petition for Review form.**

1. Fill in the blank space on Page 1, Paragraph 1 with the name of the state agency that issued the decision you are appealing.
2. Fill in the blank space on Page 1, Paragraph 2 with the date of the decision that you are appealing (this date may also be identified as the “mailing date”). The decision date is often found at the beginning or end of the decision.
3. Fill in the blank space on Page 1, Paragraph 3 with the state agency decision/docket number listed on the decision you are appealing.
4. Fill in the blank lines on Page 1, Paragraph 4 with the reasons you believe the decision is incorrect.
5. You must sign and date Pages 2, 4, and 5.
6. **You must attach a copy of the decision that you are appealing to this Petition for Review.**
7. You must file (send) the completed Petition for Review (Pages 1-5 and decision) with the Prothonotary of the Commonwealth Court by mailing the Petition for Review to the address below.

**Prothonotary  
Commonwealth Court of Pennsylvania  
Pennsylvania Judicial Center  
601 Commonwealth Avenue, Suite 2100  
P.O. Box 69185  
Harrisburg, PA 17106-9185  
Telephone Number: (717) 255-1650**

8. You must also send a copy of the entire Petition for Review (Pages 1-5 and decision) to:
  - a. The state agency that issued the decision you are appealing (contact the state agency for its address if the address is not listed on the decision);
  - b. Attorney General (see Page 5 for the address);
  - c. Any other persons or entities that participated in the matter before the state agency.

**▲ Not following these instructions may delay or prevent the Court from processing your appeal.**

**COMMONWEALTH COURT OF PENNSYLVANIA**

(Your Name)	:	
	:	
Petitioner	:	
	:	
v.	:	
	:	
	:	
(Name of State Agency)	:	
	:	
Respondent	:	

**PETITION FOR REVIEW**

Section 763(a)(1) of the Judicial Code, 42 Pa. C.S. §763(a)(1), gives the Court authority to hear this appeal.

1. The state agency that issued the decision I am appealing is:

\_\_\_\_\_

(fill in the name of the state agency or government until that issued the decision you are appealing).

2. The date of the decision I am appealing is:

\_\_\_\_\_, 20\_\_\_\_ (fill in the date or the mailing date of the decision).

3. The docket/decision number on the decision is:

\_\_\_\_\_ (fill in the decision/docket number listed on the decision you are appealing).

4. The decision of the state agency should be reviewed because:

(Use these lines and another piece of paper, if needed, to explain why you believe the decision is wrong.)

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5. **I have attached a copy of the decision I am appealing.**

6. WHEREFORE, I request that this Court review the decision of the state agency named above and grant relief as may be just and proper.

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(Your signature)

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(Your printed name)

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(Your street address)

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(Your City, State, and zip code)

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(Your telephone number)

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(Your email address)

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(Today's date)

## **NOTICE TO PARTICIPATE**

To: Parties who participated in the proceedings before the state agency:

You have not been named as a Respondent; however, you were a party before the state agency whose decision is sought to be reviewed.

If you intend to participate in the proceeding in the Commonwealth Court, you must file and serve a Notice of Intervention under Rule 1531 of the Pennsylvania Rules of Appellate Procedure (Pa.R.A.P.) within 30 days of notice of the filing of the Petition for Review. In order to intervene beyond 30 days after notice of the filing of the Petition for Review, you must file and serve an Application for Intervention under Pa.R.A.P. 123.

This Notice is for other persons or entities who participated in the matter before the state agency. It informs them that they have the right to intervene and become a party to this appeal.

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## **CERTIFICATE OF COMPLIANCE**

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

Signature: \_\_\_\_\_

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

Any time you file papers with the Court, the papers must include a Certificate of Compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. See Pa.R.A.P. 127. Information about the Public Access Policy and this form can be found online at <http://www.pacourts.us/public-records/public-records-policies>. It is very important that you review and follow the Public Access Policy because it requires you to protect sensitive personal information in your Court filings.

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## **PROOF OF SERVICE**

1. I certify that I sent by **certified mail** a true and correct copy of the Petition for Review to the state agency and Attorney General of Pennsylvania at the following addresses:

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Attorney General of Pennsylvania  
16<sup>th</sup> Floor, Strawberry Square  
Harrisburg, PA 17120

(fill in the address of the state agency where you mailed a copy of this Petition for Review)

2. I certify that I sent a true and correct copy of the Petition for Review to all other persons or entities that participated in the matter before the state agency to the following address using **one of the following methods**:

Participant: \_\_\_\_\_

Address: \_\_\_\_\_

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(Insert the name and address of the participant – attach additional pages if needed)

**Check the  
method of  
service used  
to serve the  
participant  
named  
above**

- ☐ First Class Mail   ☐ Certified Mail   ☐ Priority Mail  
☐ Express Mail   ☐ Personal delivery  
☐ By other means permitted under Pa.R.A.P. 121

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Your printed name)

\_\_\_\_\_  
(Your telephone number)

\_\_\_\_\_  
(Your email address)

\_\_\_\_\_  
(Today's date)

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