

**Self-Represented  
Party Entry of  
Appearance  
(Assessment  
Appeals)**

### **Self-Represented Party Entry of Appearance**

*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 the case is filed.

Box 2: Print the name of plaintiff exactly as is appears on the Complaint.

Box 3. Print the docket number that the office where legal pleadings are filed wrote on Complaint at the time of filing.

Box 4: Print the name of the defendant exactly as is appears on the Complaint.

Box 5: Print your name and check whether you are the plaintiff or the defendant.

Box 6: Complete this section with an address and telephone so that you receive court papers, either from the court or from another party. This address does not need to be your home address.

**This form must be filed, and a copy sent to all parties and attorneys.**

IN THE COURT OF COMMON PLEAS OF 1 COUNTY PENNSYLVANIA

2  
\_\_\_\_\_  
Plaintiff

No. 3  
\_\_\_\_\_

v. 4  
\_\_\_\_\_  
Defendant

Entry of Appearance

I, 5, ( ) Plaintiff or ( ) Defendant, represent myself in the within action.

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.

6 \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

THE PARTY FILING THIS ENTRY OF APPEARANCE MUST PROVIDE NOTICE BY SENDING A COPY TO ALL PARTIES AND ATTORNEYS.

IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY PENNSYLVANIA

_____	:	
Plaintiff	:	No. _____
v.	:	
_____	:	Entry of Appearance
Defendant	:	

I, \_\_\_\_\_, ( ) Plaintiff or ( ) Defendant, represent myself in the within action.

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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

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