

LANCASTER COUNTY
PROTHONOTARY
CIVIL COVER SHEET

PLEASE STAPLE THIS COVER SHEET BEHIND THE STATE-WIDE CIVIL COVER SHEET
(IF APPLICABLE)

ZIP CODES ARE REQUIRED & INFORMATION MUST MATCH PLEADING

CASE ID:

PLAINTIFF'S NAME

VS

DEFENDANT 'S NAME

ADDRESS:

ADDRESS:

TELEPHONE #:

PLEASE LIST NAMES, ADDRESSES OF ADDITIONAL PARTIES ON A SEPARATE SHEET.

Name of Firm and Filing Attorney OR Filing Party, Address, Telephone Number, AOPC Number

Firm:

Filing Attorney/ Party:

AOPC #

Address:

City:

State:

Zip Code:

Telephone Number: