

HOW TO FILE AN APPEAL FROM A LICENSE SUSPENSION



Disclaimer

Neither the staff in the Center nor the staff in any Court office will be able to give you legal advice or help you fill out/complete the forms. The information in the packets is not to be 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 Lawyer Referral service at 393-0737.

Revised 03/11/10

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LICENSE SUSPENSION APPEALS

Filing Procedure:

1. Forms to appeal the suspension of your driver's license are included in this packet.
2. Appeals of PennDOT's proposed suspension of driving privileges must be filed within thirty (30) days of the mail date which appears at the top of the Notice that you received from PennDOT. Your Appeal will be clocked-in, numbered and your receipt returned to you. The Prothonotary will keep the original and 2 copies.
3. If your license is being suspended as a result of having been convicted of a motor vehicle violation, a License Suspension Appeal is not the appropriate forum to argue about your conviction. In that case, you should file an appeal of the summary conviction itself. Please refer to the Summary Appeal procedures in the Summary Appeal packet.

Your License Suspension Appeal may serve to stay (postpone) your suspension while you litigate the basis for the underlying suspension, **IF** your suspension is **NOT** based on one of the provisions listed below:

- Sect. 1519 - medical recall
- Sect. 1572 - cancellation of license
- Sect. 1606 - disqualification of commercial driving privilege

It is strongly recommended that you consult an attorney if your license is suspended for one of the reasons listed above, because the appeal will **not** act as a stay of the suspension and **you are not allowed to continue to drive without a special court order.**

4. This packet has forms for the Petition and Order to schedule a hearing on your appeal of the license suspension. The suspension letter from PennDOT must be attached to the Petition. An original and four (4) copies of this appeal should be filed along with the filing fee of \$138.50 in the form of cash, money order, cashier's check, or personal check.
5. When this Petition is filed with the Prothonotary's Office, two (2) time stamped copies of the petition will be returned to you. One is your copy, and the other copy is intended for PennDOT. You must send PennDOT's copy by certified mail to the address listed in the suspension notice. You should keep the certified mail receipt and bring it with you to Court. After you send the Petition to PennDOT, you will receive correspondence from them as to the status of your driving privilege. It is recommended that you do not drive until you receive this letter from PennDOT. You may also contact PennDOT at 1-800-932-4600 to confirm the status of your license.

6. The Petition and Order will be forwarded by the Prothonotary's Office to Court Administration to schedule a hearing. The Prothonotary's Office will send you a copy of the completed Order that schedules the date, time and place that you are to appear in court.

7. In addition, you should complete the top portion only of the document titled Court Administration Office Scheduling Cover Sheet. This cover sheet should be submitted when the appeal is filed. Also, a separate document titled Prothonotary Civil Cover Sheet should be prepared and submitted at the same time the appeal is filed. Note that the Defendant is the Commonwealth of Pennsylvania. The bottom portion of that form should not be completed. Copies of both of these forms are included in this packet.

Hearing Procedure:

1. Hearings are held on the 3rd and 4th floors of the Lancaster County Courthouse at 50 North Duke Street, Lancaster, PA. A License Suspension Appeal is a trial in a court of law. As such, this proceeding should be taken seriously and all parties, court personnel and the judge should be treated with respect. Proper attire should be worn to Court and the judge should be addressed as "Your Honor." You should arrange to be away from home, work, your children, etc. for the entire morning or afternoon. It is strongly suggested that small children not be brought to the Courthouse, as they will not be allowed in the Courtroom. Upon entering the Courthouse, you should proceed to the Courtroom that is listed on the scheduling order and check in with either the attorney handling the list of cases for that morning or afternoon or one of the bailiffs assigned to that courtroom.

2. You should be prepared with all the relevant paperwork and witnesses that you may need to call in your case. There will be an attorney representing PennDOT on the other side at the hearing. The attorney for PennDOT will be familiar with the rules of evidence and you may need an attorney to help you have your documents accepted in evidence and reviewed by the judge.

3. If for any reason you are unable to attend your License Suspension Appeal Hearing on the date scheduled, you must contact the attorney representing PennDOT at 1-717-787-2830 as soon as possible. If you fail to appear at your License Suspension Appeal Hearing and no continuance was granted by the judge, your appeal will be dismissed and the suspension will stand.

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

VS. No. _____
COMMONWEALTH OF PENNSYLVANIA,
DEPARTMENT OF TRANSPORTATION,
BUREAU OF DRIVER LICENSING

SCHEDULING ORDER

AND NOW, this ___ day of _____, 20___, upon presentation of the within
Petition, a hearing is scheduled for _____, 20___, at _____ o'clock _____.m.,
in Courtroom No. _____ of the Lancaster County Courthouse, Lancaster, Pennsylvania.

BY THE COURT:

J.

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

VS. No. _____
COMMONWEALTH OF PENNSYLVANIA,
DEPARTMENT OF TRANSPORTATION,
BUREAU OF DRIVER LICENSING

APPEAL FROM THE SUSPENSION OF OPERATING PRIVILEGES

TO THE HONORABLE, THE JUDGES OF SAID COURT:

AND NOW comes Petitioner, _____, who, respectfully
(Your Name)
avers as follows:

1. Petitioner, _____, resides at _____
(Your Name) (Your Complete Mailing Address)
_____. Petitioner's Pennsylvania Operator's Number is _____.

2. PennDOT proposes by Notice dated _____ to suspend
Petitioner's driving privileges for a period of _____ year(s), pursuant to Section _____ of
the Vehicle Code, effective _____.

3. The withdrawal and suspension of Petitioner's operating privileges is unlawful,
for the following reasons: _____

WHEREFORE, Petitioner respectfully requests that this Honorable Court allow him/her to take an appeal from the suspension of his operating privileges.

Respectfully Submitted,

Name:

Address:

Phone Number:

Dated: _____

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.

SECTION A

Commencement of Action:

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

Lead Plaintiff's Name: _____

Lead Defendant's Name: _____

Check here if you are a Self-Represented (Pro Se) Litigant

Name of Plaintiff/Appellant's Attorney: _____

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

SECTION B

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: _____

MASS TORT

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

PROFESSIONAL LIABILITY

- Dental
 Legal
 Medical
 Other Professional: _____

CONTRACT (do not include Judgments)

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

 Employment Dispute:
 Discrimination
 Employment Dispute: Other

 Other: _____

REAL PROPERTY

- Ejectment
 Eminent Domain/Condemnation
 Ground Rent
 Landlord/Tenant Dispute
 Mortgage Foreclosure
 Partition
 Quiet Title

 Other: _____

CIVIL APPEALS

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

 Judicial Appeals
 MDJ - Landlord/Tenant
 MDJ - Money Judgment
 Other: _____

MISCELLANEOUS

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

 Other: _____

**IN THE COURT OF COMMON PLEAS
OF LANCASTER COUNTY, PENNSYLVANIA
PROTHONOTARY
CIVIL COVER SHEET**

*Note: CAO SCHEDULING COVER SHEET MUST BE ATTACHED,
IF AN EVENT NEEDS TO BE SCHEDULED.*

**PLEASE TYPE OR PRINT LEGIBLY ALL INFORMATION REQUESTED.
PLEASE LIST NAMES, ADDRESSES AND SOCIAL SECURITY NUMBERS
OF ADDITIONAL PARTIES ON A SEPARATE SHEET.**

DO NOT STAPLE THE COVER SHEET TO THE PLEADING

ZIP CODES ARE REQUIRED & INFORMATION MUST MATCH PLEADING

CASE ID:

PLAINTIFF'S NAME

VS

DEFENDANT 'S NAME

ADDRESS:

ADDRESS:

TELEPHONE #:

TELEPHONE #:

TYPE OF ACTION:

Jury Trial Demanded: **Yes** **No** **Arbitration:** **Yes** **No**

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:

E-mail:

Fax Number:

Signature: _____

COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA
COURT ADMINISTRATION OFFICE SCHEDULING COVER SHEET (CAOSCS)
IN ORDER TO BE PROCESSED ALL REQUESTED INFORMATION MUST BE COMPLETED
PLEASE TYPE OR PRINT LEGIBLY
PLAINTIFF ORIGINAL CAPTION

DEFENDANT

DOCKET NO.

NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEYS/PRO SE
PLAINTIFF DEFENDANT

Check one CIVIL FAMILY ORPHANS Name of person submitting

CAOSCS: _____

DOMESTIC RELATIONS REFER TO DOMESTIC RELATIONS SECTION INSTRUCTIONS ON
BACK OF FORM

NOTE: IF A NEW COMPLAINT, PROTHONOTARY'S CIVIL COVER SHEET MUST ALSO BE
ATTACHED

SECTION A: REQUEST TO SCHEDULE AN EVENT

1. TYPE OF EVENT: Hearing: _____ Conference: _____

. ESTIMATED LENGTH OF TIME: _____ FAMILY BUSINESS COURT/PICK-UP DATE _____

COURT USE ONLY

DATE: _____ TIME: _____ PLACE: _____ JUDGE/CCO/DM: _____

SECTION B: REQUEST FOR CHANGE OF A SCHEDULED EVENT:

1. Hearing _____ Conference _____ **OPPOSING COUNSEL/PARTIES IS ___ IS NOT ___ IN
AGREEMENT**

1st Request _____ 2nd Request _____ 3rd Request _____

2. **REQUEST FOR:** CONTINUANCE: _____ CANCELLATION: _____ *CONTINUE GENERALLY: _____

3. REASON :

4. SPECIAL INSTRUCTIONS FOR RESCHEDULING
EVENT: _____

5. **Presently Scheduled for:** DATE: _____ TIME: _____ PLACE: _____
JUDGE/CCO/DM: _____

SECTION C: COURT USE ONLY

Continued To: DATE: _____ TIME: _____ PLACE: _____

JUDGE/CCO/DM: _____

Approved by Judge _____

DATE _____

Report Entered/Deleted CDAEVNT Scheduled in BANNER Verified

10/25/01

Entered on WP list Entered on Daily Report