

FIRM NAME
BY: ATTORNEY'S NAME
IDENTIFICATION NO.: 00000
STREET ADDRESS

Attorney for

PHILADELPHIA, PA 19100
TELEPHONE NO.: 000-000-0000

PLAINTIFF : PHILADELPHIA COUNTY
: COURT OF COMMON PLEAS TRIAL DIVISION
v. : _____ Term, 20____
:
DEFENDANT : NO.

Proof of Service

I hereby certify that I have served a copy of this motion upon all other parties or their counsel and the trial judge by _____ (type of service) _____ on _____.

The names and addresses of all persons served are as follows:

Attorney _____

Court Reporter _____

Address _____

Address _____

Attorney for _____

Honorable Trial Judge _____

Director of Court Reporters _____

Address _____

Address _____

Name of Attorney _____

Attorney for _____