



**COUNTY OF
MONTGOMERY**

COURT HOUSE
PO BOX 311
NORRISTOWN, PENNSYLVANIA

OFFICE OF CLERK OF COURTS

CLERK OF COURTS
LORI SCHREIBER

FIRST DEPUTY
JIMMY DIPLACIDO

SECOND DEPUTY/ADMIN. ASST.
LINDA SULOCK

(610) 278-3346
FAX (610) 292-2153

PROCEDURE FOR FILING A SUMMARY APPEAL

All summary appeals **MUST** be filed within 30 days of the date of the decision by the Magisterial District Court, which is usually the date of the hearing before the Magisterial District Judge.

1. There is a **NON-REFUNDABLE** filing fee of \$63.25 that must be paid at the time of filing the summary appeal, unless permission to file without paying the fee was previously granted by the Common Pleas Court. Payment can be in the form of cash or credit card (Visa, Master Card and Discover, cardholder must be present). **WE DO NOT ACCEPT PERSONAL CHECKS or AMERICAN EXPRESS.**
2. You will be notified by the Court Administrator's Office of your hearing date in approximately 4 months. You can call 610-278-3224 about the court date.
3. You must notify the Clerk of Courts Office and the District Attorney's Office in writing if you move. Change of Address forms are available on the Clerk of Courts website.
4. If the summary offense conviction from which you are appealing involves a traffic violation for which your license may be suspended, you are required to send a certified copy of the time-stamped appeal and your Request for Delay of Suspension, Revocation or Disqualification to the PennDOT Correspondence Unit. This Office will provide the certified copy and the required PennDOT cover sheet to you when you file your appeal. Clerk of Courts will mail the copy to PennDOT for an additional fee. If you don't have us file on your behalf **YOU ARE RESPONSIBLE** for mailing the certified copy of you appeal and cover sheet to PennDOT. The mailing address for PennDOT is at the bottom of the appeal form. If you have questions regarding points or a possible license suspension, call PennDOT at 1-800-932-4600.
5. If you are found "Not Guilty" or charges are withdrawn or dismissed in the Court of Common Pleas, you will receive a refund of any monies paid to the Magisterial District Court. The Filing fee payable to the Clerk of Court is not refundable.
6. If you are found Guilty, you will be billed for any outstanding costs.

7. If you are found Guilty of vehicle code violations and fail to pay any Court ordered costs, your license may be suspended.

If you have any questions, please contact the Summary Appeal Clerk at 610-278-3346. **NOTE: license suspensions appeals are not filed with the Clerk of Courts. They are filed with the Prothonotary of the County in which you reside.**

Commonwealth of Pennsylvania
Court of Common Pleas
County of: _____
_____ Judicial District



Notice of Appeal from Summary Criminal Conviction

Name and Address of Appellant:

Zip: _____

Date: _____
Issuing Authority Docket No: _____
Citation No: _____
Magisterial District No: _____

A sentence of _____ was imposed
on: _____ Offense(s) of which convicted: _____

Grounds relied upon for appeal (except when the appeal is from a guilty plea or a conviction): _____

Date of entry of guilty plea, the conviction, or other final order from which appeal is taken: _____

Name and mailing address of affiant as shown on
citation or complaint:

Zip: _____

If sentence includes fines, costs or restitution,
amount paid, if any:

Type or amount of bail or collateral furnished to
issuing authority, if any:

Name and mailing address of issuing authority:

Zip: _____ Phone No: _____

Name and address of attorney filing notice of appeal:

(signature) _____
(printed name) _____

Zip: _____
Supreme Court ID No: _____
Phone No: _____ Fax No: _____

NOTICE TO DEFENDANT:

If your appeal is from a motor vehicle conviction other than parking, have the clerk of courts certify this copy and mail to the following address:

**PennDOT
Bureau of Driver's License
PO Box 68618
Harrisburg, PA 17106**

I hereby certify that an appeal has been filed in the above-captioned case.

Clerk Of Courts



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DEFENDANT'S VITAL STATISTICS

1. NAME _____

2. CURRENT ADDRESS _____

PHONE _____

3. DATE OF BIRTH _____

4. RACE _____ 5. SEX _____ 6. AGE _____

7. WEIGHT _____ 8. HEIGHT _____

9. SPECIAL PHYSICAL CHARACTERISTICS (SCARS, TATOOS, ETC.) _____
