

DELAWARE COUNTY COURT OF COMMON PLEAS
Office of the Court Administrator
CERTIFICATE OF READINESS

CASE CAPTION: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center; margin: 10px 0;">v</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Case Record Number: ____ - _____ Comp. Date: _____ Arb. Date: _____ Type of Trial <input type="checkbox"/> Arbitration <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury
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Total Amount of Suit: _____ Type of Case: _____
 (Example, medical malpractice, equity, premises liability, etc.)

I certify that the case is at issue and is ready for trial/hearing, and that all pretrial proceedings and discovery have been completed.

All counsel must **sign** and **type** name and address and indicate party represented. Unrepresented parties shall be so designated and shall also be required to sign the certificate. Certificates submitted without full information will be **rejected**. Objections to said certificate shall be submitted in writing by letter to the District Court Administrator, 201 West Front Street, Media, PA 19063. All unrepresented parties and counsel shall be notified of said objection and all responses to said objection shall be filed within one (1) day of objection. Otherwise, the certificate shall be deemed **denied**.

Name: _____
Address: _____

Phone: _____
Fax: _____
E-Mail: _____
Attorney For: _____
Signature: _____

Name: _____
Address: _____

Phone: _____
Fax: _____
E-Mail: _____
Attorney For: _____
Signature: _____

Name: _____
Address: _____

Phone: _____
Fax: _____
E-Mail: _____
Attorney For: _____
Signature: _____

Name: _____
Address: _____

Phone: _____
Fax: _____
E-Mail: _____
Attorney For: _____
Signature: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

E-Mail: _____

E-Mail: _____

Attorney For: _____

Attorney For: _____

Signature: _____

Signature: _____

Additional attorney and/or unrepresented party names are to be attached.

I certify that I have sent by first class or certified mail to the parties and/or attorneys listed above, who have not signed this Certificate of Readiness on _____ .

Are there any companion cases? Yes No

If "yes", attach a similar certificate for any companion case (s) or explain reason (s) for its absence.

Attorney or Party Signature

TO BE COMPLETED FOR CASES WHERE MONEY DAMAGES ARE INVOLVED

Certificate of Damages by Counsel for Plaintiff(s)

Action:	(1)	<u>Trespass</u>	<u>Amount</u>
		(a) Medical Bills and Expenses	\$ _____
		(b) Lost Wage Claim	\$ _____
		(c) Property Damage	\$ _____
		(d) Punitive	\$ _____
		(e) Other (<i>Explain</i>)	\$ _____

Action:	(2)	<u>Assumpsit</u>	
		(a) Compensatory	\$ _____
		(b) Punitive	\$ _____
		(c) Other (<i>Explain</i>)	\$ _____

I certify that the above represent a true and accurate listing of damages as presently claimed by the Plaintiff(s).

Comments: _____

Attorney for Plaintiff(s)