

Quiet Title

An **action to quiet title** is a lawsuit brought in a court having jurisdiction over land disputes, in order to establish a party's title to real property against anyone and everyone, and thus "quiet" any challenges or claims to the title. It comprises a complaint that the ownership (title) of a parcel of land or other real property is defective in some fashion, typically where title to the property is ambiguous. A typical ground for complaint includes the **fraudulent conveyance of a property, perhaps by a forged deed or under coercion.**

Unlike acquisition through a deed of sale, a quiet title action will give the party seeking such relief no cause of action against previous owners of the property.

Court of Common Pleas of Philadelphia County
 Trial Division
Civil Cover Sheet

For Prothonotary Use Only (Docket Number)

PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS
PLAINTIFF'S NAME	DEFENDANT'S NAME
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PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS

TOTAL NUMBER OF PLAINTIFFS	TOTAL NO. OF DEFENDANTS	COMMENCEMENT OF ACTION
		<input type="checkbox"/> Complaint <input type="checkbox"/> Petition Action <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Writ of Summons <input type="checkbox"/> Transfer From Other Jurisdictions

AMOUNT IN CONTROVERSY	COURT PROGRAMS			
<input type="checkbox"/> \$50,000.00 or less <input type="checkbox"/> More than \$50,000.00	<input type="checkbox"/> Arbitration <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mass Tort <input type="checkbox"/> Savings Action <input type="checkbox"/> Petition	<input type="checkbox"/> Commerce <input type="checkbox"/> Minor Court Appeal <input type="checkbox"/> Statutory Appeals	<input type="checkbox"/> Settlement <input type="checkbox"/> Minors <input type="checkbox"/> W/D/Survival

CASE TYPE AND CODE (SEE INSTRUCTIONS)

STATUTORY BASIS FOR CAUSE OF ACTION (SEE INSTRUCTIONS)

RELATED PENDING CASES (LIST BY CASE CAPTION AND DOCKET NUMBER)	IS CASE SUBJECT TO COORDINATION ORDER?								
	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>					
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								

TO THE PROTHONOTARY:
 Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant:
 Papers may be served at the address set forth below.

NAME OF PLAINTIFF'S/PETITIONER'S/APPELLANT'S ATTORNEY	ADDRESS (SEE INSTRUCTIONS)
PHONE NUMBER	FAX NUMBER
SUPREME COURT IDENTIFICATION NO.	E-MAIL ADDRESS
SIGNATURE	DATE

Instructions for Completing Civil Cover Sheet

Rules of Court require that a Civil Cover Sheet be attached to any document commencing an action (whether the action is commenced by Complaint, Writ of Summons, Notice of Appeal, or by Petition). The information requested is necessary to allow the Court to properly monitor, control and dispose cases filed. A copy of the Civil Cover Sheet must be attached to service copies of the document commencing an action. The attorney or non-represented party filing a case shall complete the form as follows:

A. Parties

i. Plaintiffs/Defendants

Enter names (last, first, middle initial) of plaintiff, petitioner or appellant ("plaintiff") and defendant. If the plaintiff or defendant is a government agency or corporation, use the full name of the agency or corporation. In the event there are more than three plaintiffs and/or three defendants, list the additional parties on the Supplemental Parties Form. Husband and wife are to be listed as separate parties.

ii. Parties' Addresses

Enter the address of the parties at the time of filing of the action. If any party is a corporation, enter the address of the registered office of the corporation.

iii. *Number of Plaintiffs/Defendants:* Indicate the total number of plaintiffs and total number of defendants in the action.

B. Commencement Type: Indicate type of document filed to commence the action.

C. Amount in Controversy: Check the appropriate box.

D. Court Program: Check the appropriate box.

E. Case Types: Insert the code number and type of action by consulting the list set forth hereunder. To perfect a jury trial, the appropriate fees must be paid as provided by rules of court.

Proceedings Commenced by Appeal

Minor Court

- 5M Money Judgment
- 5L Landlord and Tenant
- 5D Denial Open Default Judgment
- 5E Code Enforcement
- Other:

Local Agency

- 5B Motor Vehicle Suspension -
Breathalyzer
- 5V Motor Vehicle Licenses,
Inspections, Insurance
- 5C Civil Service
- 5K Philadelphia Parking Authority
- 5Q Liquor Control Board
- 5R Board of Revision of Taxes
- 5X Tax Assessment Boards
- 5Z Zoning Board
- 52 Board of View
- 51 Other:

Other:

Proceedings Commenced by Petition

- 8P Appointment of Arbitrators
- 8C Name Change - Adult
- 8L Compel Medical Examination
- 8D Eminent Domain
- 8E Election Matters
- 8F Forfeiture
- 8S Leave to Issue Subpoena
- 8M Mental Health Proceedings
- 8G Civil Tax Case - Petition
- Other:

Actions Commenced by Writ of Summons or Complaint

Contract

- 1C Contract
- 1T Construction
- 1O Other:

Tort

- 2B Assault and Battery
- 2L Libel and Slander
- 4F Fraud
- 1J Bad Faith
- 2E Wrongful Use of Civil Process
- Other:

Negligence

- 2V Motor Vehicle Accident
- 2H Other Traffic Accident
- 1F No Fault Benefits
- 4M Motor Vehicle Property Damage
- 2F Personal Injury - FELA
- 2O Other Personal Injury
- 2S Premises Liability - Slip & Fall
- 2P Product Liability
- 2T Toxic Tort
 - T1 Asbestos
 - TZ DES
 - T2 Implant
- 3E Toxic Waste
- Other:

Professional Malpractice

- 2D Dental
- 4L Legal
- 2M Medical
- 4Y Other:
- 1G Subrogation
- Equity
 - E1 No Real Estate
 - E2 Real Estate
 - 1D Declaratory Judgment
 - M1 Mandamus
- Real Property
 - 3R Rent, Lease, Ejectment
 - Q1 Quiet Title
 - 3F Mortgage Foreclosure
 - 1L Mechanics Lien
 - P1 Partition
 - Prevent Waste
 - 1V Replevin
 - 1H Civil Tax Case - Complaint
- Other:

F. Commerce Program

Commencing January 3, 2000 the First Judicial District instituted a Commerce Program for cases involving corporations and corporate law issues, in general. If the action involves corporations as litigants or is deemed a Commerce Program case for other reasons, please check this block AND complete the information on the "Commerce Program Addendum". For further instructions, see Civil Trial Division Administrative Docket 01 of 1999.

G. Statutory Basis for Cause of Action

If the action is commenced pursuant to statutory authority ("Petition Action"), the specific statute must be identified.

H. Related Pending Cases

All previously filed related cases, regardless of whether consolidated by Order of Court or Stipulation, must be identified.

I. Plaintiff's Attorney

The name of plaintiff's attorney must be inserted herein together with other required information. In the event the filer is not represented by an attorney, the name of the filer, address, the phone number and signature is required.

**The current version of the Civil Cover Sheet may be downloaded from the FJD's website
<http://courts.phila.gov>**

WHEREFORE, Plaintiff respectfully requests that this Honorable Court find in his/her favor and against the Defendant(s), and enter a judgment ordering the Recorder of Deeds for Philadelphia County to convey the property located at:

to the Plaintiff(s), upon presentment of an order stating the same; and granting such other relief as is necessary and appropriate.

Respectfully submitted:

Plaintiff

Plaintiff

Date: _____

NAME OF FILING PARTY:

Name

Address

City, State, Zip

Telephone



:

PHILADELPHIA COUNTY
COURT OF COMMON PLEAS
TRIAL DIVISION - CIVIL

:

Plaintiff

:

vs.

:

_____ TERM, _____
Month Year

:

:

No. _____

:

:

Defendant

:

AFFIDAVIT OF PLAINTIFF

COMMONWEALTH OF PENNSYLVANIA

:

ss.

COUNTY OF PHILADELPHIA

:

I, _____ (Plaintiff), being duly sworn according to

law, depose and say that the facts stated herein are true and correct.

Plaintiff

Plaintiff

VERIFICATION

Plaintiff(s) _____

hereby verify that the statements set forth in the foregoing Complaint are true and correct to the best of my knowledge, information, and belief; I understand that these statements are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature of Plaintiff

Signature of Plaintiff

Dated: _____

MOTION TO PROCEED IN FORMA PAUPERIS
PHILADELPHIA COURT OF COMMON PLEAS
PETITION/MOTION COVER SHEET

CONTROL NUMBER:

(RESPONDING PARTIES MUST INCLUDE THIS NUMBER ON ALL FILINGS)

FOR COURT USE ONLY	
ASSIGNED TO JUDGE:	ANSWER/RESPONSE DATE:
Do not send Judge courtesy copy of Petition/Motion/Answer/Response. Status may be obtained online at http://courts.phila.gov	

_____ Term, _____
 _____ Month _____ Year
 No. _____

 vs.

Name of Filing Party:

 (Check one) Plaintiff Defendant
 (Check one) Movant Respondent

INDICATE NATURE OF DOCUMENT FILED:
 Petition (Attach Rule to Show Cause) Motion
 Answer to Petition Response to Motion

Has another petition/motion been decided in this case? Yes No
 Is another petition/motion pending? Yes No
 If the answer to either question is yes, you must identify the judge(s):

TYPE OF PETITION/MOTION (see list on reverse side) MOTION TO PROCEED IN FORMA PAUPERIS	PETITION/MOTION CODE (see list on reverse side) MTIFP
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ANSWER/RESPONSE FILED TO (Please insert the title of the corresponding petition/motion to which you are responding):

I. CASE PROGRAM
 Is this case in the (answer all questions):
A. COMMERCE PROGRAM
 Name of Judicial Team Leader: _____
 Applicable Petition/Motion Deadline: _____
 Has deadline been previously extended by the Court?
 Yes No
B. DAY FORWARD/MAJOR JURY PROGRAM — Year _____
 Name of Judicial Team Leader: _____
 Applicable Petition/Motion Deadline: _____
 Has deadline been previously extended by the Court?
 Yes No
C. NON JURY PROGRAM
 Date Listed: _____
D. ARBITRATION PROGRAM
 Arbitration Date: _____
E. ARBITRATION APPEAL PROGRAM
 Date Listed: _____
F. OTHER PROGRAM: _____
 Date Listed: _____

II. PARTIES
 (Name, address and **telephone number** of all counsel of record and unrepresented parties. Attach a stamped addressed envelope for each attorney of record and unrepresented party.)

III. OTHER

By filing this document and signing below, the moving party certifies that this motion, petition, answer or response along with all documents filed, will be served upon all counsel and unrepresented parties as required by rules of Court (see PA. R.C.P. 206.6, Note to 208.2(a), and 440). Furthermore, moving party verifies that the answers made herein are true and correct and understands that sanctions may be imposed for inaccurate or incomplete answers.

 (Attorney Signature/Unrepresented Party) (Date) (Print Name) (Attorney I.D. No.)

The Petition, Motion and Answer or Response, if any, will be forwarded to the Court after the Answer/Response Date. No extension of the Answer/Response Date will be granted even if the parties so stipulate.

Instructions for completing Petition to Proceed *In Forma Pauperis*

1. **All blanks and all questions MUST be filled in or answered. Dollar amounts MUST be clearly stated where requested.**
2. **A copy of your latest Pennsylvania tax or federal tax return should be attached.**
3. **Service of a copy of this petition MUST be made on the opposing party or opposing party's attorney.**
4. **Please attach a self-addressed, stamped envelope for yourself and an addressed, stamped envelope for each opposing party or opposing party's attorney.**
5. **Petitioner is required to have the enclosed Affidavit notarized by a licensed Notary Public.**
6. **Your petition may be dismissed or denied for failure to properly complete all information.**

Definition of Terms:

Affidavit: A voluntary declaration of facts written down and sworn to by the declarant before an officer authorized to administer oaths.

Defendant: A person who is sued in a civil or criminal proceeding.

In Forma Pauperis: [Latin "in the manner of a pauper"] To proceed in the manner of an indigent who is permitted to disregard filing fees and court costs.

Petitioner: A party who presents a petition to a court or other official body.

Plaintiff: The party who brings a civil suit in a court of law against another person or entity.

4. If there is a monetary recovery by judgment or settlement in favor of the party permitted to proceed *in forma pauperis*, the exonerated fees and costs shall be taxed as costs and paid to the Prothonotary by the party paying the monetary recovery.

5. Petitioner has a continuing obligation to inform the Court of any improvement in party's financial circumstances that will enable the party to pay costs.

BY THE COURT:

J.

2. I reside at (*state your full address*) _____

3. I have listed my sources and amounts of income truly and correctly on the attached affidavit.

4. I have the following average monthly expenses for the indicated items:

Housing: _____

Insurance: _____

Utilities: _____

Transportation: _____

(Gas): _____

Medical: _____

(Oil): _____

Loans: _____

(Electric): _____

Laundry: _____

(Phone): _____

Child Care: _____

Food: _____

Child Support: _____

Clothing: _____

5. I neither own nor have equity in any assets other than the following (*state values in dollars*): _____

6. I am unable to pay the costs of these proceedings or to obtain the amount of costs from family or friends.

Court Term _____ 20 ____ and No. _____

WHEREFORE, Petitioner prays that he/she be permitted to proceed in this matter *in forma pauperis* and without the payment of bond.

Petitioner (Print your name)

Petitioner (Sign your name)

2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.

3. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

(a) Name: _____

Address: _____

Social Security # _____

(b) **EMPLOYMENT**

If you are presently employed, state:

Employer : _____

Address: _____

Salary/wages
Per Month: _____

Type of Work: _____

If you are presently unemployed, state:

Date of last Employment: _____

Salary/Wages
Per Month: _____

Type of Work: _____

(c) **OTHER INCOME WITHIN THE PAST TWELVE (12) MONTHS**
(state as dollar amounts)

Business or Profession: _____

Other Self-employment: _____

Interest: _____

Dividends: _____

Pension and Annuities: _____

Social Security Benefits: _____

Support Payments: _____

Disability Payments: _____

Unemployment Compensation &
Supplemental Benefits: _____

Workmans' Compensation: _____

Public Assistance: _____

Other: _____

(d) OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT (state as dollar amounts)

(Wife) (Husband) (Friend) Name: _____

If your (wife) (husband) (friend) is employed, state:

Employer: _____

Salary/Wages
Per Month: _____

Type of Work: _____

Contributions
From Children: _____

Contributions
From Parents: _____

Other Contributions: _____

(e) PROPERTY OWNED (state as dollar amounts)

Cash: _____

Checking Account: _____

Savings Account: _____

Certificates of Deposit: _____

Real Estate
(Including Home): _____

Motor Vehicle: Make _____ Year _____

Cost \$ _____ Amount Owed **Z**

Stocks & Bonds: _____

Other: _____

(f) DEBTS AND OBLIGATIONS (state as dollar amounts)

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

(g) PERSONS DEPENDENT UPON YOU FOR SUPPORT

(Wife) (Husband) Name: _____

Children, if any: _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Other Persons:

Name: _____

Relationship: _____

4. I understand that I have a continuing obligation to inform the Court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.

5. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Dated: _____

Petitioner (Print your name)

Petitioner (Sign your name)

Sworn to and subscribed before me this

_____ day of _____, 20_____.

Notary Public

Certificate of Service

I hereby certify that I have served a copy of this petition upon all other parties or their attorney of record by:

Please check:

Regular First Class Mail

Certified Mail

Other

Name of Petitioner (Print Name)

Signature of Petitioner (Sign your name)

Dated: _____