

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

CASE CAPTION:	Case Record Number:
	Comp. Date: Arb. Date:
	Type of Trial <input type="checkbox"/> Arbitration <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury

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:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Attorney For:** \_\_\_\_\_

**Attorney For:** \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Attorney For:** \_\_\_\_\_

**Attorney For:** \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

**Over**

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)

**MUST FILE IN COURT ADMINISTRATOR'S OFFICE**