

THE COURTS

Title 231—RULES OF CIVIL PROCEDURE

PART I. GENERAL

[231 PA. CODE CH. 400]

Rule 400.1, Temporary Provisions for Philadelphia County; No. 296, Doc. No. 5

Order

Per Curiam

And Now, this 2nd day of July, 1998, it is hereby *Ordered* that Pennsylvania Rule of Civil Procedure 400.1, Temporary Provisions for Philadelphia County, is made permanent and retitled "Provisions for All Courts of the First Judicial District." It is further *Ordered* that the last sentence of Rule 111A of the Philadelphia Municipal Court Rules of Civil Procedure is deleted.

To the extent that notice of proposed rulemaking would be required by Rule 103 of the Pennsylvania Rules of Judicial Administration or otherwise, the immediate amendment of such rule is hereby found to be required in the interest of justice and efficient administration.

This Order shall be processed in accordance with Rule 103(b) of the Pennsylvania Rules of Judicial Administration and the amendment shall be effective August 1, 1998.

[Pa.B. Doc. No. 98-1144. Filed for public inspection July 17, 1998, 9:00 a.m.]

Title 249—PHILADELPHIA RULES

PHILADELPHIA COUNTY

[Correction]

Procedure for Sale of Motor Vehicles Impounded for Driving Without Operating Privileges for Registration Pursuant to 75 Pa.C.S. § 6309.2; Joint General Court Regulation No. 98-2

An error occurred in the Philadelphia County rules published at 28 Pa.B. 3021, 3022 (July 4, 1998). The following signatures should have been printed on page 3022.

ALEX BONAVIDACOLA,
President Judge
June 17, 1998

BERNICE DeANGELIS,
Administrative Judge
Traffic Court
June 17, 1998

[Pa.B. Doc. No. 98-1052. Filed for public inspection July 2, 1998, 9:00 a.m.]

Title 252—ALLEGHENY COUNTY RULES

ALLEGHENY COUNTY

Rules of Court of Common Pleas; No. 1 of 1998
Rules Docket

Order

And Now, to wit, this 4th day of June, 1998, pursuant to action of the Board of Judges and effective upon publication in the *Pennsylvania Bulletin*, the following rules of procedure are hereby adopted by this court:

Civil Rules:

A2039 Compromise, Settlement, Discontinuance and Distribution (of minors' claims).

A2064 Compromise, Settlement, Discontinuance and Distribution (of incapacitated persons' claims).

In connection therewith, the following administrative orders of this court are hereby vacated:

No. 69 of 1988, No. 158 of 1990, No. 159 of 1990 and No. 1 of November 23, 1992.

A1007 Actions Between Family Members.

In connection therewith, Administrative Order No. 188 of 1990 of this court is hereby vacated.

A1301.1 Discovery in Arbitration Proceedings.

In connection therewith, Administrative Order No. 148 of 1991 of this court is hereby vacated.

District Justice Rules:

A409(6) Writ of Execution. Money Judgment Entered by District Justice. (Lawyer Referral Service)

The following administrative orders of this court, are hereby vacated, as their subject matter is now covered by Rules 249 and 1028*1 of this court:

No. 140 of 1989,

No. 25 of March 9, 1989,

No. 271 of 1990.

Copies of the above new rules follow hereto.

By the Court

ROBERT E. DAUER,
President Judge

Rule 409. Writ of Execution. Money Judgment entered by District Justice.

The agency to be named in the Notice Accompanying Orders of Execution of judgments for the payment of money rendered by a District Justice pursuant to Pennsylvania Rule of Civil Procedure for District Justice 409(6) shall be: Lawyer Referral Service, Allegheny County Bar Association, 920 City County Building, Pittsburgh, Pennsylvania 15219, Telephone: (412) 261-5555.

Rule 2039. Compromise, Settlement, Discontinuance and Distribution.

1. Contents of Petition

A petition under Pa.R.Civ.P. 2039 shall be verified by the guardian of the minor, and shall contain a statement of the nature of the evidence relied upon to show liability,

the elements of damage, the injuries sustained, and the list of expenses incurred or to be incurred. The petition shall be accompanied by the following exhibits:

(A) A statement by counsel as to his professional opinion regarding the desirability of the settlement and reasons therefor, a description of the services rendered, a description and the amount of reimbursable expenses requested, and the amount of fees requested, which, except in extraordinary circumstances, shall not exceed 33-1/3% of the present value of a structured settlement or 33-1/3% of the gross recovery of any other settlement.

Note: See, *Johnson v. Sears, Roebuck & Co.* 436 A.2d 635 (Pa.Super 1981)

(B) A statement by the attending physician as to the injuries sustained by the minor, the treatment administered and the prognosis;

(C) In property damage claims, a statement by the party who made the repairs or appraised the loss.

2. Deposit of Funds by Order of Court

All petitions under Pa.R.Civ.P. 2039, where the proceeds of settlement are to be deposited in a savings account or in a certificate of deposit, shall have attached to the petition an order including the following:

It is hereby ordered and decreed that the amount of \$ _____ shall be deposited in the name of _____, a minor, by counsel of record in a savings account or certificate of deposit in a federally insured bank, savings and loan association or credit union. The of savings account or certificate of deposit shall be marked "NOT TO BE WITHDRAWN UNTIL THE MINOR REACHES THE AGE OF MAJORITY OR BY FURTHER ORDER OF COURT."

Proof of deposit is to be filed with the Clerk of the Orphans' Court within thirty (30) days by counsel of record.

3. Presentation of Petition

All petitions under Pa.R.Civ.P. 2039 shall be first delivered for signature to the Administrative Judge of the Orphans' Court Division and thereafter presented to the appropriate judge of the Civil Division in accordance with Rule 249.

4. annuity Contracts

(A) Where the terms of settlement of a minor's claim include an annuity contract, the annuity contract shall provide that the policy will not be transferred or assigned to another company without the prior approval of the Orphans' Court Division of this Court.

(B) A copy of this rule shall be served upon the company issuing the annuity contract and proof of service thereof shall be filed with the Clerk of the Orphans' Court Division of this Court.

Note: For approval of a settlement of a minor's claim where no action has been instituted, see Orphans' Court Rule 29, Sec. 6.

Rule 2064. Compromise, Settlement, Discontinuance and Distribution.

1. Presentation of Petition.

All petitions under Pa.R.Civ.P. 2064 shall be first delivered for signature to the Administrative Judge of the

Orphans' Court Division and thereafter presented to the appropriate judge of the Civil Division in accordance with Rule 249.

2. Annuity Contracts

(A) Where the terms of settlement of an incapacitated person's claim include an annuity contract, the annuity contract shall provide that the policy will not be transferred or assigned to another company without the prior approval of the Orphan's Court Division of this Court.

(B) A copy of this rule shall be served upon the company issuing the annuity contract and proof of service thereof shall be filed with the Clerk of the Orphans' Court Division of this Court.

Rule 198.10. Actions between family members.

(a) All cases at law and in equity between spouses, former spouses, or persons living as spouses shall be filed in the Family Division. Cases between other family members shall be filed in the Civil Division.

(b) The Administrative Judge of the Division in which a case is filed has the authority, in consultation with the other Administrative Judge, to transfer a case to the other Division.

Rule 1301.1. Discovery in Arbitration Proceedings.

(a) For any personal injury claim filed in the Arbitration Division, the plaintiff may serve arbitration discovery requests (see form A attached hereto) either together with the copy of the complaint served on the defendant or thereafter.

(b) The defendant shall furnish the information sought in the discovery requests within thirty (30) days of service of the discovery requests.

(c) For any personal injury claim filed in the Arbitration Division, any defendant may serve arbitration discovery requests (see form B attached thereto) together with a copy of the answer served on the plaintiff or thereafter.

(d) The plaintiff shall furnish the information sought in the discovery requests within thirty (30) days of receipt of the discovery requests.

(e) (i) A party may not seek additional discovery through interrogatories or request for production of documents until that party has sought discovery through the arbitration discovery requests described herein.

(e) (ii) A party may not include any additional interrogatories or request for the production of documents in the arbitration discovery request provided for in this rule.

(f) This rule applies to additional defendants.

(g) This rule does not apply to claims which do not exceed the sum of \$3,000.00 wherein the parties right to discovery for small claims shall continue to be governed by Rule 1019(2)(j).

Note: While this rule does not bar additional discovery in arbitration proceedings, it is anticipated that additional interrogatories or request for the production of documents will be unreasonably burdensome in most arbitration proceedings involving personal injury claims.

This rule does not affect the right to discovery provided by Pa.R.Civ.P. 4001-4020 for arbitration cases which are appealed pursuant to Pa.R.Civ.P. 1308-1311.

FORM A

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
CIVIL DIVISION

| | | |
|-----|------------|---|
| | , |) |
| | |) |
| | Plaintiff |) |
| vs. | |) |
| | , |) |
| | |) |
| | Defendant. |) |

PLAINTIFF'S ARBITRATION DISCOVERY
REQUESTS FOR PERSONAL INJURY CLAIMS

These discovery requests are directed to

Within thirty (30) days of service of these discovery requests, you shall provide the information sought in these discovery requests to every other party to this lawsuit.

IDENTITY OF DEFENDANT(S)

1. Set forth your full name and address.

INSURANCE

- 2. (a) Is there any insurance agreement that may provide coverage to you for this incident? Yes ____ No ____
- (b) If so, list the name of each company and the amount of protection that may be available.

WITNESSES

3. List the names, present addresses, and telephone numbers (if known) of any persons who witnessed the incident (including related events before and after the incident) and any relationship between the witness and you.

STATEMENTS AND OTHER WRITINGS

4. (a) Do you have any written or oral statements from any witness, including any plaintiff? Yes ____ No ____

(b) If you answered yes, attach any written statements signed, adopted or approved by any witness, attach a written summary of any other statements (including oral statements), and identify any witness from whom you obtained a stenographic, mechanical, electrical or other recording that has not been transcribed. (This request does not cover a statement by a party to that party's attorney.)

I have ____ have not ____ fully complied with request 4(b).

(c) Do you have any photographs, maps, drawings, diagrams, etc. that you may seek to introduce at trial or that may otherwise pertain to this lawsuit? Yes ____ No ____

(d) If you answered yes, attach each of these writings.

I have ____ have not ____ fully complied with request 4(c).

MEDICAL DOCUMENTS

5. (a) Do you have any medical documents relating to the plaintiff? Yes ____ No ____

(b) If you answered yes, attach each of these documents.

I have ____ have not ____ fully complied with request 5(b).

CRIMINAL CHARGES

6. (a) Were any felony or misdemeanor criminal charges filed against you or any of your agents as a result of the incident that is the subject of this lawsuit? Yes ____ No ____

(b) If you answered yes, list each felony or misdemeanor charge that is pending and each felony or misdemeanor conviction.

Defendant verifies that the statements made herein are true and correct. Defendant understands that false statements herein are made subject to the penalties of 18 Pa.C.S § 4904 relating to unsworn falsifications to authorities.

DATE:

Defendant

THE COURTS

FORM B

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
CIVIL DIVISION

| | | |
|-----|------------|---|
| | , |) |
| | |) |
| | Plaintiff |) |
| vs. | |) |
| | , |) |
| | |) |
| | Defendant. |) |

DEFENDANT'S ARBITRATION DISCOVERY
REQUESTS FOR PERSONAL INJURY CLAIMS

These discovery requests are directed to

Within thirty (30) days following receipt of these requests, you shall provide the information sought in these discovery requests to every other party to this lawsuit.

IDENTITY OF PLAINTIFF(S)

1. Set forth your full name, address, age, employer and type of employment.

WITNESS

2. List the names, present addresses, and telephone numbers (if known) of any persons who witnessed the incident (including related events before and after the incident) and any relationship between the witness and you.

STATEMENTS AND OTHER WRITINGS

3. (a) Do you have any written or oral statements from any witness, including any defendant? Yes ____ No ____

(b) If you answered yes, attach any written statements signed, adopted or approved by any witness, attach a written summary of any other statements (including oral statements), and identify any witness from whom you obtained a stenographic, mechanical, electrical or other recording that has not been transcribed. (This request does not cover a statement by a party to that party's attorney.)

I have ____ have not ____ fully complied with request 3(b).

(c) Do you have any photographs, maps, drawings, diagrams, etc. that you may seek to introduce at trial?

Yes ____ No ____

(d) If you answered yes, attach each of these documents.

I have ____ have not ____ fully complied with request 3(c).

MEDICAL INFORMATION CONCERNING PERSONAL INJURY CLAIM

4. (a) Have you received inpatient or outpatient treatment from any hospital for any injuries or other medical conditions for which you seek damages in this lawsuit?

Yes ____ No ____

(b) If you answered yes, list the name of the hospitals, the names and addresses of the attending physicians, and the dates of the hospitalizations.

(c) Have you received any chiropractic treatment for any injuries or other medical conditions for which you seek damages in this lawsuit? Yes ____ No ____

(d) If you answered yes, list the names and address of each chiropractor and the dates of treatment.

(e) Have you received any other medical treatment for any injuries or other medical conditions for which you seek damages in this lawsuit? Yes ____ No ____

(f) If you answered yes, list the name and address of each physician or other treatment provider and the dates of the treatment.

(g) Attach complete hospital and office records covering the injuries or other medical conditions for which you seek damages for each hospital, chiropractor, and other medical provider identified in 4(b), 4(d) and 4(f) or authorizations for these records.

I have ____ have not ____ fully complied with request 4(g).

OTHER MEDICAL INFORMATION

5. (a) List the name and address of your family physician for the period from five (5) years prior to the incident to the present date.

(b) Have you received inpatient or outpatient treatment for injuries or physical problems that are not part of your claim in this lawsuit from any hospital within the period from five (5) years prior to the incident to the present date?

Yes _____ No _____

(c) If you answered yes, attach a separate sheet which lists the name of the hospital, the date of each treatment, the reason for the treatment, and the length of the hospitalization.

(d) Have you received chiropractic treatment for injuries or physical problems that are not part of your claim in this lawsuit within the period from five (5) years prior to the incident to the present date? Yes _____ No _____

(e) If you answered yes, attach a separate sheet which lists the dates of the treatment, the reasons for the treatment, and the chiropractor's name and address.

(f) Within the period from (5) years prior to the incident to the present date, have you received any other medical treatment for injuries that are not part of your claim in this lawsuit?

Yes _____ No _____

(g) If you answered yes, attach a separate sheet which lists the dates of the treatment, the reasons for the treatment, and the name and address of the treatment provider.

I have _____ have not _____ fully complied with requests 5(b), 5(c), and 5(f).

WORK LOSS

6. (a) Have you sustained any injuries which resulted in work loss within the period from five (5) years prior to the incident to the present date? Yes _____ No _____

(b) if you answered yes, for each injury list the date of the injury, the nature of the injury, and the dates of the lost work.

7. If a claim is being made for lost income, state the name and address of your employer at the time of the incident, the name and address of your immediate supervisor at the time of the incident, your rate of pay, the dates of work loss due to the injuries from this accident, and the total amount of your work loss claim.

REQUESTS 8 AND 9 APPLY ONLY TO PERSONAL INJURY CLAIMS ARISING OUT OF A MOTOR VEHICLE ACCIDENT.

OTHER BENEFITS

8. (a) If you are raising a claim for medical benefits or lost income, have you received or are you eligible to receive benefits from Workmen's Compensation or any program, group contract, or other arrangement for payment of benefits as defined by Title 75 P. S. § 1719(b)?

Yes _____ No _____

(b) If you answered yes, set forth the type and amount of these benefits.

INSURANCE INFORMATION

9. (a) Are you subject to the "Limited Tort Option" or "Full Tort Option" as defined in Title 75 P. S. § 1705(a) and (b)?

_____ Limited Tort Option (no claim made for non-monetary damages)

_____ Limited Tort Option (claim is made for non-monetary damages because the injuries fall within the definition of serious injury or because one of the exceptions set forth in 75 P. S. § 1705(d)(I)-(3) applies)

_____ Full Tort Option

(b) (Applicable only if you checked "Full Tort Option.") Describe each vehicle (make, model, and year) in your household.

(c) (Applicable only if you checked "Full Tort Option.") Attach a copy of the Declaration Sheet for the automobile insurance policy covering each automobile in your household.

I have _____ have not _____ fully complied with request 9(c).

Plaintiff verifies that the statements made herein are true and correct. Plaintiff understands that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsifications to authorities.

DATE:

PLAINTIFF

[Pa.B. Doc. No. 98-1145. Filed for public inspection July 17, 1998, 9:00 a.m.]