

**REQUEST FOR CORRECTION
OF CLERICAL ERRORS**



**APPELLATE/TRIAL COURT
CASE RECORDS**

*Public Access Policy of the Unified Judicial System of Pennsylvania:
Case Records of the Appellate and Trial Courts*
204 Pa. Code § 213.81
www.pacourts.us/public-record-policies

Requestor Information:

Name: _____

Attorney No. (if applicable): _____

Address: _____

Phone Number: _____

Email Address: _____

Fax Number: _____

I am: A party to the case.

An attorney for a party to the case.

Case caption of the case record:

Docket number of the case record:

Set forth in specificity the information that is alleged to be a clerical error, as defined in the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*. Attach additional sheets if necessary.

Set forth in specificity sufficient facts, including supporting documentation, that corroborates your allegation. Attach additional sheets if necessary.

I, _____, verify that the facts set forth in this form are true and correct to the best of my knowledge, information and belief. This statement is subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

Signature of Requestor: _____ Date: _____

NOTE: A request to correct a clerical error in a case record of the Supreme Court, Superior Court or Commonwealth Court shall be submitted to the prothonotary of the proper appellate court. A request to correct a clerical error in a case record of a court of common pleas or Philadelphia Municipal Court shall be submitted to the applicable custodian. You shall provide a copy of this completed form to all parties to the case.

**REQUEST FOR CORRECTION
OF CLERICAL ERRORS**



**APPELLATE/TRIAL COURT
CASE RECORDS**

For Custodian Use Only

Please be advised that your request was received on ___/___/____. In accordance with the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*, please be advised that:

the request does not contain sufficient information and facts to determine what information is alleged to be in error, and no further action will be taken on the request.

the request does not concern a case record that is covered by this policy, and no further action will be taken on the request.

a clerical error does exist in the case record and the information in question has been corrected.

a clerical error does not exist in the case record.

the request has been received and an additional period not exceeding 30 business days is necessary to complete a review of the request.

Comments:

Signature: _____

Date: _____

If an additional period of time not exceeding 30 business days was necessary to complete the review of the request, please be advised that:

this request is being returned to you because it does not contain sufficient information to evaluate your request. No further action will be taken unless you resubmit the request with additional information.

this request is being returned to you because it does not concern a case record. No further action will be taken on this matter.

it was determined a clerical error existed in the case record, and the information has been corrected.

it was determined a clerical error does not exist in the case record.

Comments:

Signature: _____

Date: _____

For Use by Requestor

Unless applicable authority requires otherwise, please follow the following procedure. This procedure cannot be used to correct alleged inaccuracies in orders and judgments. If you wish to seek review of the decision set forth above, please complete this section and submit this entire form to the custodian within 10 business days of the mailing date of the response. The custodian will submit the form to the judge(s) who presided over the case for review.

I, _____, request that a review of the decision set forth above be made.

Signature: _____

Date: _____