

**IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA  
CIVIL ACTION**

[CAPTION]

**APPLICATION FOR ENTRY INTO THE LANCASTER COUNTY  
CONSUMER CREDIT CARD COLLECTION DIVERSION PROGRAM**

I, \_\_\_\_\_, wish to participate in the Lancaster County Consumer Credit Card Collection Diversion Program.

I understand the following:

1. If I am accepted into the Program, a stay of this action will be entered, and a conciliation conference will be scheduled;
2. I may have an attorney assist me in defending this action and, if I do not have an attorney, I may contact MidPenn Legal Services by calling 717-299-0971 or the Lancaster Bar Association Lawyer Referral by calling 717-393-0737, to determine eligibility;
3. If I do not obtain legal representation, I have the option to meet with a credit counselor from one of the approved credit counseling agencies in Lancaster, who will assist me through the conciliation process. I understand that these services are FREE; and
4. I must appear at the conciliation conference and participate in good faith, or a judgment may be entered against me.

The undersigned verifies that the statements made herein are true and correct. I understand that false statements are made subject to the penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities.

Date: \_\_\_\_\_ Name [Printed]: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_