

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

[CAPTION]

**NOTICE OF CONSUMER CREDIT CARD COLLECTION DIVERSION PROGRAM
AND CERTIFICATION REGARDING ELIGIBILITY OF ACTION**

CERTIFICATION

Pursuant to the Administrative Order dated December 1, 2021, establishing the Consumer Credit Card Collection Diversion Program, CI-21-08116, and all related Orders entered thereafter, I hereby certify that:

1. This action was commenced on _____.
2. Had this action been commenced on or after January 1, 2022, the effective date of the Administrative Order, the action would have been eligible for the Diversion Program.

NOTICE TO THE DEFENDANT

The Defendant in this action may apply for entry into the Diversion Program by filing with the Court, within the next 20 days, the “Application for Entry,” that is attached to this document.

If your application is granted by the Court

- Legal proceedings will be paused
- You will receive a Court Order outlining the Program requirements and what you must do to participate
- You have the option to meet with a credit counselor who will help you FREE OF CHARGE prepare a proposal to resolve your debt
- You MUST attend the Conciliation Conference as scheduled by subsequent Court Order

*****If you do not appear at the conference, a judgment may be entered against you*****

For Additional Information about the Consumer Credit Card Collection Diversion Program go to:
www.court.co.lancaster.pa.us/CCCDP

or call 717-209-3290 or email ConsumerDebtDiversionPrograms@co.lancaster.pa.us

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.

Signature of Plaintiff/Counsel _____ Date: _____

encl. Application for Entry

**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: _____