

COMMONWEALTH OF PENNSYLVANIA

CIVIL COMPLAINT

COUNTY OF: Delaware

Magisterial District Number: 32-1-28
Stephanie Klien, Esq
 District Justice Name: Hon.
349 W Baltimore Pike
 Address: **Media, PA 19063**
 Telephone: (610) **566-0872**

PLAINTIFF: _____ NAME and ADDRESS

VS.

DEFENDANT: _____ NAME and ADDRESS

Retreival Masters Credit Bureau Inc
2269 S Saw Mill River Rd Bld 3
Elmsford, NY 10523

Docket No.: _____
 Date Filed: _____



	AMOUNT	DATE PAID
FILING COSTS	\$ _____	____ / ____ / ____
SERVING COSTS	\$ _____	____ / ____ / ____
TOTAL	\$ _____	____ / ____ / ____

TO THE DEFENDANT: The above named plaintiff(s) asks judgment against you for \$ 1750 together with costs upon the following claim (Civil fines must include citation of the statute or ordinance violated):

Plaintiff was contacted by defendant, a collection agency, on August 4, 2002. The purpose of the contact was to collect the sum of \$89.60. Plaintiff wrote to defendant pursuant to 15 USC §1692g (the Fair Debt Collection Practices Act --"FDCPA"), 15 U.S.C. §1692a, et seq and requested debt validation in writing. Defendant ignored this request and on Sept 10, 2002 wrote to plaintiff and demanded payment again. Plaintiff again wrote to defendant on September 17, 2002 and demanded verification again and requested that defendant not contact plaintiff again. Defendant ignored the requests of plaintiff and sent plaintiff another demand on October 10, 2002. Defendant has violated the FDCPA in (1) Refusing to validate a debt in writing pursuant to 15 USC §1692g, and (2) Continuing to contact plaintiff after written notification to cease all communication pursuant to 15 USC §1692c(c) . Plaintiff is entitled to liquidated damages in the amount of \$1000 plus counsel fees in the amount of \$750.

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

Plaintiff's _____
 Attorney: _____
 Telephone: (_____) _____

 (Signature of Plaintiff or Authorized Agent)
 Address: _____

IF YOU INTEND TO ENTER A DEFENSE TO THIS COMPLAINT, NOTIFY THIS OFFICE IMMEDIATELY AT THE ABOVE TELEPHONE NUMBER. YOU MUST APPEAR AT THE HEARING AND PRESENT YOUR DEFENSE. UNLESS YOU DO, JUDGMENT WILL BE ENTERED AGAINST YOU BY DEFAULT.

If you have a claim against the plaintiff which is within district justice jurisdiction and which you intend to assert at the hearing, you must file it on a complaint form at this office at least five (5) days before the date set for the hearing. If you have a claim against the plaintiff which is not within district justice jurisdiction, you may request information from this office as to the procedures you may follow. **If you are disabled and require assistance, please contact the Magisterial District office at the address above.**