

IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA
CRIMINAL DIVISION

Defendant: _____

RE: _____

Case No(s). C P - 3 9 - _____

Certificate of Service

I hereby certify that I am this day serving upon the persons and in the manner indicated below.
The manner of service satisfies the requirements of Pa.R.Crim.P. 575.

Name: _____
(Print Name)

Name: _____
(Signature)

Service by _____ as follows:
(Manner of Service)

Dated: _____

TO: District Attorney's Office - Room 307
455 West Hamilton Street
Allentown, PA 18101
610 782-3100

(Attorney for Commonwealth – Name, address & phone number)

Service by _____ as follows:
(Manner of Service)

Dated: _____

TO: Court Administration - Room 614
455 West Hamilton Street
Allentown, PA 18101
610 782-3014

(Court Administrator – Title, address & phone number)

Certificate of Compliance

I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: _____

Signature: _____

Name: _____

Attorney No. (If applicable): _____