

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY
PENNSYLVANIA

COVER SHEET

Plaintiff: PORTFOLIO RECOVERY ASSOCIATES, LLC	Case No.:
	Type of Pleading: Complaint
	Code & Classification
	Filed on Behalf of : PORTFOLIO RECOVERY ASSOCIATES, LLC
Vs.	
Defendant: ROBERT J PETRISKO	<input checked="" type="checkbox"/> Counsel of Record Individual, If Pro Se
	Name, Address & Telephone Number: Apothaker & Associates, P.C. 520 Fellowship Road C306 Mount Laurel, NJ 08054 800-672-0215
	Attorney State ID: 307949

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
CIVIL DIVISION-ARBITRATION DOCKET

PORTFOLIO RECOVERY
ASSOCIATES, LLC
140 CORPORATE BOULEVARD
NORFOLK, VA 23502

Plaintiff,

vs.

ROBERT J PETRISKO
4258 MOUNT ROYAL BLVD
ALLISON PARK, PA 15101
Defendant.

ARBITRATION DOCKET

NO.:

HEARING DATE: _____
Room 523 5th Floor Courthouse
9:00 a.m.

NOTICE TO DEFEND

YOU HAVE BEEN SUED IN COURT. If you wish to defend against the claims set forth in the following pages, you must take action within TWENTY (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

LAWYER REFERRAL SERVICE, The Allegheny County Bar Association,
11th Floor Koppers Building, 436 Seventh Ave
Pittsburgh, Pennsylvania 15219
Telephone: (412) 261-5555

HEARING NOTICE

YOU HAVE BEEN SUED IN COURT. The above Notice to Defend explains what you must do to dispute the claims made against you. If you file the written response referred to in the Notice to Defend, a hearing before a board of arbitrators will take place in Room 523 of the Allegheny County Courthouse, 436 Grant Street, Pittsburgh, Pennsylvania on _____ at 9:00 A.M. IF YOU FAIL TO FILE THE RESPONSE DESCRIBED IN THE NOTICE TO DEFEND, A JUDGMENT FOR THE AMOUNT CLAIMED IN THE COMPLAINT MAY BE ENTERED AGAINST YOU BEFORE THE HEARING.

DUTY TO APPEAR AT ARBITRATION HEARING

If one or more of the parties is not present at the hearing, THE MATTER MAY BE HEARD AT THE SAME TIME AND DATE BEFORE A JUDGE OF THE COURT WITHOUT THE ABSENT PARTY OR PARTIES. *THERE IS NO RIGHT TO A TRIAL DE NOVO ON APPEAL FROM A DECISION ENTERED BY A JUDGE.*

NOTICE: You must respond to this complaint within twenty (20) days or a judgment for the amount claimed may be entered against you *before the hearing*.

If one or more of the parties is not present at the hearing, the matter may be heard immediately before a judge without the absent party or parties. There is *no right to a trial de novo on appeal from a decision entered by a judge*.

Our File No.: 314143
APOTHAKE & ASSOCIATES, P.C.
BY: Benjamin J. Cavallaro, Esquire
Attorney I.D.# 307949
520 Fellowship Road C306
Mount Laurel, NJ 08054
(800) 672-0215
Attorneys for Plaintiff

PORTFOLIO RECOVERY)	COURT OF COMMON PLEAS
ASSOCIATES, LLC)	ALLEGHENY COUNTY
140 CORPORATE BOULEVARD)	
NORFOLK, VA 23502)	NO.:
)	
Plaintiff,)	
vs.)	
)	
ROBERT J PETRISKO)	
4258 MOUNT ROYAL BLVD)	
ALLISON PARK, PA 15101)	
Defendant.)	

CIVIL ACTION COMPLAINT
FIRST COUNT

1. Plaintiff is PORTFOLIO RECOVERY ASSOCIATES, LLC, 140 CORPORATE BOULEVARD, NORFOLK, VA 23502.
2. Defendant(s) is/are ROBERT J PETRISKO, an adult individual residing at 4258 MOUNT ROYAL BLVD ALLISON PARK, PA 15101.
3. Plaintiff, PORTFOLIO RECOVERY ASSOCIATES, LLC, is the Assignee and Successor in Interest of Account # ending in 5549; and said account was issued to Defendant(s) by CITIFINANCIAL, INC./PRIZANTS CARPET, the Original creditor.
4. Defendant received, accepted and used the account to its benefit.
5. This account is in default and Defendant(s) has an unpaid balance of \$6,101.68. A true and correct copy of the total due and owing is attached hereto, made a part hereof and marked as Exhibit "A".
6. All credits, if any, to which Defendant(s) is entitled, have been applied to the account and are included in Exhibit "A".

7. Although demand has been made, Defendant(s) has failed to make payment of the amount due as above.

WHEREFORE, Plaintiff demands judgment in favor of Plaintiff and against Defendant(s) for the sum of \$6,101.68 and requests this Court award costs to the extent permitted by applicable law.

APOTHAKE & ASSOCIATES, P.C.
Attorney for Plaintiff
A Law Firm Engaged in Debt Collection

BY: /s/ Benjamin J. Cavallaro
Benjamin J. Cavallaro, Esquire

Dated: 5/18/2012

VERIFICATION

I, Benjamin J. Cavallaro, Esquire, hereby verify subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities that I am counsel for Plaintiff in this action, that I make this Verification based upon the facts as supplied to me by the Plaintiff and/or its agents and because the Plaintiff is outside the jurisdiction of the court, and that the facts set forth in the foregoing Civil Action Complaint are true and correct to the best of my knowledge, information, and belief.

BY: /s/ Benjamin J. Cavallaro
Benjamin J. Cavallaro, Esquire

DATE: 5/8/2012

ACCOUNT NUMBER	5549
ACCOUNT NUMBER CROSS-REFERENCE NUMBER	1719
ACCOUNT OPEN DATE	2006-02-09 00:00:00.000
ANNUAL PERCENTAGE RATE	
ATTORNEY ADDRESS	
ATTORNEY CITY	
ATTORNEY LAW FIRM	
ATTORNEY NAME	
ATTORNEY PHONE	0
ATTORNEY STATE	
ATTORNEY ZIP CODE	
AUTHORIZED USER NAME FIRST	
AUTHORIZED USER NAME LAST	
AUTHORIZED USER NAME MIDDLE	
AUTHORIZED USER SOCIAL SECURITY NUMBER / TAX ID	
BANKRUPTCY 341 DATE	
BANKRUPTCY 341 LOCATION	
BANKRUPTCY 341 TIME	
BANKRUPTCY ASSET INDICATOR	
BANKRUPTCY CASE NUMBER	
BANKRUPTCY CHAPTER	
BANKRUPTCY DEADLINE FILE DATE / BAR DATE	
BANKRUPTCY DISCHARGE DATE	
BANKRUPTCY FILE AMOUNT	
BANKRUPTCY FILE DATE	
BANKRUPTCY INDICATOR	
BANKRUPTCY PROOF OF CLAIM DATE	
BANKRUPTCY TRUSTEE	
BANKRUPTCY TRUSTEE ADDRESS	
BANKRUPTCY TRUSTEE CITY	
BANKRUPTCY TRUSTEE PHONE	
BANKRUPTCY TRUSTEE STATE	
BANKRUPTCY TRUSTEE ZIP	
BRANCH LAST NETWORK	380980160
BRANCH NAME	
BRANCH PHONE NUMBER	
CACS CONVERTED ACCOUNT INFORMATION	
CACS FUNCTION	A
CACS LOCATION	20111
CACS LOCATION NAME	
CACS SECURITY CODE	C
CACS STATE	70
CHARGE CARD INDICATOR	
CHARGE OFF AMOUNT	6101.68
CHARGE OFF DATE	5/31/2009