



**PHILADELPHIA MUNICIPAL COURT  
FIRST JUDICIAL DISTRICT OF PENNSYLVANIA**

1339 Chestnut Street, 10th Floor, Philadelphia, PA 19107

Marsha H. Neifield, President Judge Patricia R. McDermott, Deputy Court Administrator

**STATEMENT OF CLAIM**

Code: Consumer Purchase - (4)

SC/CP: # SC-16-05-16-4328

Terminal Check Cashing Service, Inc.  
1324 W. Olney Avenue  
Philadelphia, PA 19141

Bruce Berger M.D.  
1335 W. Tabor Road  
Philadelphia, PA 19141

Charles D. Benjamin D.O.  
1335 W. Tabor Road  
Philadelphia, PA 19141

*Plaintiff(s)*

*Defendant(s)*

Service Address (information) if other than above:

*To the Defendant: Plaintiff is seeking a money judgment against the Defendant(s) based on the following claim:*

Plaintiff cashed a check issued by Defendant-maker (copy attached) for the Defendant-payee thereon. Plaintiff in cashing this check for Defendant-payee, gave the face amount thereof, less a small service charge. Additionally, Plaintiff cashed said check in good faith and without notice of any claims or defenses against the check, thus becoming a holder in due course under Section 3-302 of the U.C.C. and entitled to enforce the same under Section 3-305 of the U.C.C.

The bank on which the check was drawn return the same marked "payment stopped." The Defendant, despite its obligations as maker or negligent issuer of the check has refused to pay all or any part thereof. Additionally, Plaintiff incurred a \$25.00 service charge from the bank for the return item.

**Summons to the Defendant**

You are hereby ordered to appear at a hearing scheduled as follows:

**Citation al Demandado**

Por la presenta, Usted esta dirijido a presentarse a la siguiente:

1339 Chestnut Street 6th Floor  
Philadelphia, PA 19107  
Hearing Room: 5

June 27th, 2016

01:00 PM

**Amount Claimed**

Principal	\$	1600.00
Interest	\$	0.00
Attorney Fees	\$	0.00
Other Fees	\$	0.00
<b>Subtotal</b>	\$	<u>1600.00</u>
Service	\$	27.00
State Fee	\$	10.00
Automation Fee	\$	5.50
Convenience Fee	\$	5.00
JCS St. Add. Surcharge	\$	11.25
JCS St. Add. Fee	\$	2.25
ATJ Fee	\$	2.00
ATJ Surcharge	\$	10.00
Court Costs	\$	27.50
<b>TOTAL CLAIMED</b>	\$	<u>1700.50</u>
Date Filed:		05/16/2016

I am an attorney for the plaintiff(s), the plaintiff's authorized representative or have a power of attorney for the plaintiff(s) in this statement of claims action. I hereby verify that I am authorized to make this verification; that I have sufficient knowledge, information and belief to take this verification or have gained sufficient knowledge, information and belief from communications with the plaintiff or the persons listed below and that the facts set forth are true and correct to the best of my knowledge, information and belief. I understand that this verification is made subject to the penalties set forth in 18 Pa. C.S. § 4904, which concerns the making of unsworn falsifications to authorities. If I am an authorized representative or have a power of attorney, I have attached a completed Philadelphia Municipal Court authorized representative form or a completed power of attorney form.

GEOFFREY B GOMPERS

Signature Plaintiff/Attorney  
Atty ID #: 042018

Address & Phone 1500 JOHN F. KENNEDY BOULEVARD SUITE 1850  
PHILADELPHIA, PA 19102  
215-567-6600

NOTICE TO THE DEFENDANT, YOU HAVE BEEN SUED IN COURT.  
PLEASE SEE ATTACHED NOTICES

AVISO AL DEMANDADO LE HAN DEMANDADO EN CORTE. VEA POR FAVOR  
LOS AVISOS ASOCIADOS.

**If you wish to resolve this matter without appearing in court, please contact the attorney shown above immediately.**