

Furthermore, I understand that in order to complete my application and have it considered by the Court, I MUST include the following documents as attachments to the petition:

- 1) A criminal background check of the individual to be deputized from all fifty states, including both child and sex abuse checks;
- 2) A statement from the Police Chief of the Borough or Township where the appointment is to be made attesting to the applicant's credibility and good standing in the community;
- 3) A statement by a District Judge in the Borough or Township where the appointment is to be made that a Deputy Constable is needed to alleviate a portion of the workload.

I fully understand that *I will be held responsible* for the actions, conduct, and performance of any individual whom I deputize. I agree that failure to recognize misconduct by any individual I deputize is a direct violation of the rules and regulations relating to constables and may lead to sanctions against me, up to and including removal from office.

I understand that by submitting this application I agree to abide by all rules and regulations relating to constables as issued by the Montgomery County Court of Common Pleas, the Montgomery County Clerk of Courts, and the Montgomery County District Attorney.

I verify that the information contained in this document and the attachments are true and correct to the best of my knowledge and belief and understand that any false statements I make are subject to 18 Pa.C.S.A. 4101 (relating to sworn falsification).

SIGNATURE: _____

DATE: _____

Sworn and Subscribed
Before me, this _____,
Day of _____, 20 ____.

In the Court of Common Pleas, Montgomery County,
Pennsylvania, Criminal Division

IN RE: : MD-
:
:
:
:

VITAL STATISTICS AND STATEMENT OF ELIGIBILITY BY
DEPUTY CONSTABLE APPLICANT

I, _____, having being nominated by
_____, the Constable of _____,
Montgomery County to the position of Deputy Constable verify my eligibility to
become a Deputy Constable by certifying that:

- 1) I am a qualified elector of the Borough Ward or Township where I am being appointed Deputy Constable;
- 2) I have not been arrested or convicted of any misdemeanor or felonies;
- 3) I am able to fulfill the duties required of a Deputy Constable; and
- 4) I will attain constable certification and training from the Pennsylvania Commission on Crime and Delinquency.

I reside at _____,
Montgomery County and certify that it is my primary residence.

My Pennsylvania Identification or Operator Number is _____.

My date of birth is _____.

I understand that in order for the Court to appoint me as a Deputy Constable, the following items MUST be included in my application and I consent to their use by the Courts to determine whether or not I will be granted a position as a Deputy Constable:

- 1) A criminal background check of the individual to be deputized from all fifty states, including both child and sex abuse checks;
- 2) A statement from the Police Chief of the Borough or Township where the appointment is to be made attesting to the applicant's credibility and good standing in the community;
- 3) A statement by a District Judge in the Borough or Township where the appointment is to be made that a Deputy Constable is needed to alleviate a portion of the workload.

I fully understand that *I will be held responsible* for my actions, conduct, and performance. I also understand that the Constable who I work under will also be held responsible for my actions, conduct, and performance. I understand that should I engage in any misconduct, I may be removed by the Constable or the Courts.

By signing this document I agree to all the terms and conditions as set forth in this document, including abiding by all rules and regulations relating to constables as issued by the Montgomery County Court of Common Pleas, the Montgomery County Clerk of Courts, and the Montgomery County District Attorney.

I verify that the information contained in this document and the attachments are true and correct to the best of my knowledge and belief and understand that any false statements I make are subject to 18 Pa.C.S.A. 4101 (relating to sworn falsification).

SIGNATURE: _____

DATE: _____

Sworn and Subscribed
Before me, this _____,
Day of _____, 20 ____.



COUNTY OF MONTGOMERY

COURT HOUSE
PO BOX 311
NORRISTOWN, PENNSYLVANIA
19404-0311

OFFICE OF CLERK OF COURTS

CLERK OF COURTS
ANN THORNBURG WEISS

CHIEF DEPUTY
MICHAEL J. PASTON, ESQ.

SECOND DEPUTY
LINDA SULOCK

(610) 278-3346
FAX (610) 278-5188

www.coc.montcopa.org

VITAL STATISTICS

1. NAME _____
2. CURRENT ADDRESS _____

3. PHONE NUMBER _____
4. EMAIL ADDRESS _____
5. DATE OF BIRTH _____
6. WEIGHT _____
7. HEIGHT _____
8. HAIR COLOR _____
9. EYE COLOR _____
10. SPECIAL PHYSICAL CHARACTERISTICS (SCARS, TATOOS, ETC.) _____

