

**SUMMONS  
FOR CRIMINAL CASE**

COMMONWEALTH OF

PENNSYLVANIA

VS.

DEFENDANT: NAME and ADDRESS

**WRONA, EUGENE A  
2040 VIRGINIA STREET  
ALLENTOWN, PA 18103**

Mag. Dist. No.:	<b>12-1-03</b>	
MDJ Name: Hon.	<b>JOSEPH S. SOLOMON</b>	
Address:	<b>1705 N FRONT ST HARRISBURG, PA</b>	
Telephone:	<b>(717) 255-1365</b>	<b>17102-0000</b>

**EUGENE A. WRONA  
2040 VIRGINIA STREET  
ALLENTOWN, PA 18103**

Docket No.:	<b>CR-0000266-09</b>
Date Filed:	<b>6/29/09</b>
	<b>K 854006-6</b>



Pursuant to Rule 510 of the Pennsylvania Rules of Criminal Procedure,  
**YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE UNDERSIGNED MAGISTERIAL  
DISTRICT JUDGE FOR A PRELIMINARY HEARING AT:**

Date: <b>07/29/09</b>	Place: <b>CENTRAL COURT DAUPHIN CTY 12-0-01 DAUPHIN COUNTY PRISON 501 MALL ROAD HARRISBURG, PA 17111</b>
Time: <b>8:30 AM</b>	

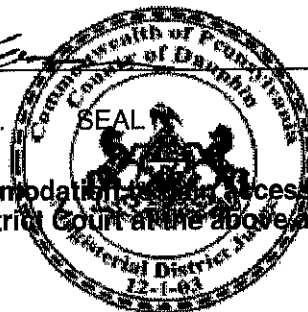
This hearing is being held upon the charges on the attached criminal complaint according to law.  
**IF YOU FAIL TO APPEAR FOR THE HEARING ON THE DATE AND AT THE TIME AND PLACE  
SPECIFIED ABOVE, THE CASE WILL PROCEED IN YOUR ABSENCE. IF ANY OF THE CHARGES  
AGAINST YOU ARE HELD FOR COURT, A REQUEST FOR A BENCH WARRANT AGAINST YOU  
WILL BE TRANSMITTED TO THE COURT OF COMMON PLEAS.**

Bail will be set at the preliminary hearing. You have the right to be represented by an attorney of your  
choice, and if you cannot afford an attorney, one may be appointed to represent you.

Date Issued: 6/29/09

6/29/09 Date *Joseph S. Solomon*, Magisterial District Judge

My commission expires first Monday of January, **2012**.



If you are disabled and require a reasonable accommodation to access to the Magisterial District Court and its services, please contact the Magisterial District Court at the above address or telephone number. We are unable to provide transportation.

**NOTICE OF  
PRELIMINARY HEARING**

COMMONWEALTH OF  
PENNSYLVANIA

Mag. Dist. No.:	<b>12-1-03</b>	
MDJ Name: Hon.	<b>JOSEPH S. SOLOMON</b>	
Address:	<b>1705 N FRONT ST HARRISBURG, PA</b>	
Telephone:	<b>(717) 255-1365</b>	<b>17102-0000</b>

VS.

DEFENDANT: NAME and ADDRESS  
**WRONA, EUGENE A**  
**2040 VIRGINIA STREET**  
**ALLENTOWN, PA 18103**

**EUGENE A. WRONA**  
**2040 VIRGINIA STREET**  
**ALLENTOWN, PA 18103**

Docket No.:	<b>CR-0000266-09</b>
Date Filed:	<b>6/29/09</b>
	<b>K 854006-6</b>



Charge(s):  
**S 42 §2524 UNAUTHORIZED PRACTICE OF LAW**

**NOTICE TO DEFENDANT**

A complaint has been filed charging you with the offense(s) set forth above and on the attached copy of the complaint. A preliminary hearing on these charges has been scheduled for:

Date:	<b>7/29/09</b>	Place:	<b>DISTRICT COURT 12-0-01 DAUPHIN COUNTY PRISON 501 MALL ROAD HARRISBURG, PA 17111 717-558-8316</b>
Time:	<b>8:30AM</b>		

If you fail to appear at the time and place above without good cause, you will be deemed to have waived your right to be present at any further proceedings before the Magisterial District Judge and the case will proceed in your absence. If any of the charges against you are held for court, a request for a bench warrant against you will be transmitted to the Court of Common Pleas.

At the preliminary hearing you may:

1. Be represented by counsel;
2. Cross-examine witnesses and inspect physical evidence offered against you;
3. Call witnesses on your behalf other than witnesses to testify to your good reputation only, offer evidence on your behalf and testify;
4. Make written notes of the proceeding, or have your counsel do so, or make a stenographic, mechanical or electronic record of the proceedings.

If you cannot afford to hire an attorney, one may be appointed to represent you. Please contact the office of the Magisterial District Judge for additional information regarding the appointment of an attorney.

If you have any questions, please call the above office immediately.

**6/29/09** Date

*Joseph Solomon*  
 \_\_\_\_\_  
 My commission expires first Monday of January, **2012**.



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**COMPLAINT NUMBER: 09-120**

**DATE PRINTED: 6/29/09 13:28:05 PM**  
**DATE COMPLAINT SIGNED: 6/29/09**

Mag. Dist. No.:	<b>12-1-03</b>
MDJ Name: Hon.	<b>JOSEPH S. SOLOMON</b>
Address:	<b>1705 N FRONT ST HARRISBURG, PA</b>
Telephone: (717) 255-1365	<b>17102-0000</b>

COMMONWEALTH OF  
PENNSYLVANIA

VS.

DEFENDANT: NAME and ADDRESS  
**WRONA, EUGENE A**  
**2040 VIRGINIA STREET**  
**ALLENTOWN, PA 18103**

**EUGENE A. WRONA**  
**2040 VIRGINIA STREET**  
**ALLENTOWN, PA 18103**

Docket No.: **CR-0000266-09**  
Date Filed: **6/29/09**  
**K 854006-6**



TO:  
DEFENDANT **WRONA, EUGENE A**  
DATE OF BIRTH **12/27/40**  
ADDRESS:  
**2040 VIRGINIA STREET**  
**ALLENTOWN, PA 18103**

DATE OF THIS ORDER **6/29/09**

TYPE OF CASE  
 RETAIL THEFT  
 POLICE PROSECUTION (SUMMONS)  
 PRIVATE PROSECUTION (CONVICTIONS)

**DAUPHIN CNTY, DIST ATTORNEY**  
(Name of Prosecuting Police Dept. or Private Agency)

DRIVER LICENSE NUM: \_\_\_\_\_  
**OFFICER: MO21388A WOOD, JEROME P**  
 YOU HAVE BEEN CHARGED WITH) ( YOU HAVE BEEN CONVICTED OF) THE OFFENSE OF:

Charge(s): **S 42 \$2524 UNAUTHORIZED PRACTICE OF LAW** Offense Date **04/02/09**

YOU ARE HEREBY ORDERED TO REPORT TO: **HARRISBURG, POLICE DEPT**  
**123 WALNUT ST**  
**HARRISBURG, PA 17101**

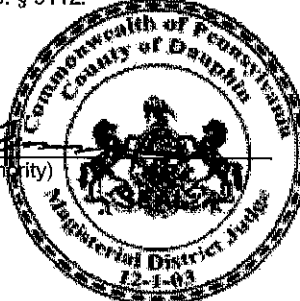
NO LATER THAN: **7/10/09** FROM: **8:00AM** TO: **4:00PM**  
(Date) (Time)

TO BE FINGERPRINTED IN ACCORDANCE WITH THE CRIMINAL HISTORY RECORD INFORMATION ACT, 18 PA.C.S. § 9112.

**THIS ORDER MUST BE PRESENTED AT THE TIME OF FINGERPRINTING.**

\_\_\_\_\_  
(Signature of Defendant)  
(In the presence of Issuing Authority or Fingerprinting Official)

\_\_\_\_\_  
(Signature of Issuing Authority)



\_\_\_\_\_  
(Signature of Official Taking Fingerprints)

**INSTRUCTIONS TO FINGERPRINTING AGENCY**

Under the Criminal History Record Information Act, 18 PA.C.S. § 9112, you are to fingerprint the defendant named in this order. Record the OTN on the fingerprint card, and forward the completed fingerprint card to the Pennsylvania State Police, Central Repository, 1800 Elmerton Avenue, Harrisburg, PA 17110. This form should be signed by the defendant and the fingerprinting official, and shall accompany the fingerprint card on retail theft cases. On retail theft cases, the state police will classify the fingerprints and determine whether the defendant has any prior retail theft convictions. Findings will be forwarded to the police department and the magisterial district judge named above on police prosecutions, or to the magisterial district judge only on private prosecutions. On all other cases, this form shall be returned to the issuing authority.

**RESULTS OF PENNSYLVANIA STATE POLICE RECORD SEARCH:**

- NO RECORD OF RETAIL THEFT CONVICTIONS  
 DEFENDANT HAS \_\_\_\_\_ PREVIOUS CONVICTION(S) FOR RETAIL THEFT



Mag. Dist. No.: <b>12-1-03</b>	Defendant <b>Eugene A Wrona</b> First Name Middle Name Last Name	VS. (Name and Address) <b>2040 Virginia Street Allentown, PA 18103</b>
MD.J. Name <b>Hon. JOSEPH S. SOLOMON</b>		
Address: <b>1705 NORTH FRONT STREET HARRISBURG, PA</b>		
Telephone: <b>(717)255-1365</b>		

NCIC EXTRADITION CODE TYPE

<input type="checkbox"/> 1 - Felony Full	<input type="checkbox"/> 4 - Felony No Extradition	<input type="checkbox"/> B - Misdemeanor Limited	<input type="checkbox"/> E - Misdemeanor Pending
<input type="checkbox"/> 2 - Felony Limited	<input type="checkbox"/> 5 - Felony Pending	<input type="checkbox"/> C - Misdemeanor Surrounding States	
<input type="checkbox"/> 3 - Felony Surrounding States	<input checked="" type="checkbox"/> A - Misdemeanor Full	<input type="checkbox"/> D - Misdemeanor No Extradition	
<input type="checkbox"/> Distance:			

DEFENDANT IDENTIFICATION INFORMATION

Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Docket Number <b>CR-2006-09</b>	Date Filed <b>6/29/09</b>	OTN/LiveScan Number <b>K 854006-6</b>	Complaint/Incident Number <b>09-120</b>
Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	DOB <b>12/27/1940</b>	POB	SSN	Add'l SSN	
SID:	Hair Color <input type="checkbox"/> BLK(Black) <input type="checkbox"/> BLU(Blue) <input type="checkbox"/> BRO(Brown) <input type="checkbox"/> SDY(Sandy)	<input checked="" type="checkbox"/> GRY(Gray) <input type="checkbox"/> ONG(Orange) <input type="checkbox"/> PLE(Purple) <input type="checkbox"/> PNK(Pink) <input type="checkbox"/> XXX(Unk./Bald)	<input type="checkbox"/> RED(Red/Aubn.) <input type="checkbox"/> BLN(Blonde/Strawberry)	Eye Color <input type="checkbox"/> BLK(Black) <input type="checkbox"/> BLU(Blue) <input type="checkbox"/> MAR(Maroon)	<input checked="" type="checkbox"/> GRN(Green) <input type="checkbox"/> GRY(Gray) <input type="checkbox"/> HZL(Hazel) <input type="checkbox"/> UNK(Unknown)
Request Lab Services? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Driver's License State	License Number	Expires	Weight (lbs.) <b>175</b>
DNA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location		
FBI Number	MNU Number		Height <b>5 Ft. 11 In</b>
Fingerprint Classification			

DEFENDANT VEHICLE INFORMATION

Plate #	State	Hazmat <input type="checkbox"/>	Registration Sticker (MM/YY)	Commercial Vehicle Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Other NCIC Vehicle Code
VIN	Year	Make	Model	Style	Color	

Office of the attorney for the Commonwealth  Approved  Disapproved because:

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the Attorney for the Commonwealth prior to filing. Pa.R.Cr.P. 507.)

(Name of Attorney for the Commonwealth - Please Print or Type)

(Signature of Attorney for Commonwealth)

(Date)

I, **DETECTIVE JEROME P. WOOD**  
Name of Affiant - Please Print or Type

OF **DAUPHIN COUNTY CRIMINAL INVESTIGATION DIVISION**  
Identify Department or Agency Represented and Political Subdivision)

do hereby state: (check appropriate area)

1.  I accuse the above named defendant, who lives at the address set forth above or,  
 I accuse the defendant whose name is unknown to me but is described as  
 I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefor designated as John Doe.

with violating the penal laws of the Commonwealth of Pennsylvania at **Front and Market Streets, Harrisburg,**  
(Subdivision Code) (Place-Political Subdivision)

in **Dauphin** County **22** (County Code) on or about **April 2, 2009.**

**MPOETC #21388 Badge #111**  
PSP/MPOETC - Assigned affiant ID Number & Badge#

**PA0222600**  
(Police Agency ORI Number)

**POLICE CRIMINAL COMPLAINT**

Docket Number <i>CR-266-09</i>	Date Filed: <i>6/29/09</i>	OTN/LiveScan Number <i>K 554006-6</i>	Complaint/Incident Number <b>09-120</b>
Defendant Name	First: <b>Eugene</b>	Middle: <b>A</b>	Last: <b>Wrona</b>

The acts committed by the accused are described below with each Act of Assembly or statute violated, if appropriate :  
 (Set forth a **brief** summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

<b>Inchoate Offense</b>	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A-1 (Engaging)	<input type="checkbox"/> A-2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575 A		
<input checked="" type="checkbox"/>	<b>1</b>	<b>2524</b>		Of the	Title 42	<b>1</b>	<b>M-3</b>	<b>5008</b>	<b>2642</b>
Lead?	Offense#	Section	Subsection	PA Statute (Title)		Counts	Grade	NCIC offense Code	UCR/NIBRS Code
<b>PennDOT Data (if Applicable)</b>	Accident Number:		<input type="checkbox"/> Safety Zone			<input type="checkbox"/> Work Zone			

Acts of the accused associated with this Offense:

**UNAUTHORIZED PRACTICE OF LAW - 42 Pa. C.S. §2524**

*Any person, including, but not limited to, a paralegal or legal assistant, who within this Commonwealth shall practice law, or who shall hold himself out to the public as being entitled to practice law, or use or advertise the title of lawyer, attorney at law, attorney and counselor at law, counselor or the equivalent in any language, in such a manner as to convey the impression that he is a practitioner of the law of any jurisdiction, without being an attorney at law commits a violation.*



POLICE CRIMINAL COMPLAINT

Docket Number <i>CR-266-09</i>	Date Filed: <i>6/29/09</i>	OTN/LiveScan Number <i>K 854006-6</i>	Complaint/Incident Number 09-120
Defendant Name	First: <b>Eugene</b>	Middle: <b>A</b>	Last: <b>Wrona</b>

- I ask that a warrant of arrest or a **summons** be issued and that the defendant be required to answer the charges I have made.
- I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 PA.C.S. §4904) relating to unsworn falsification to authorities.
- This complaint is comprised of the preceding Page, as well as the attached pages that follow, numbered 1 through 4, specifying offenses and Participants, if any.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited. **(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached).**

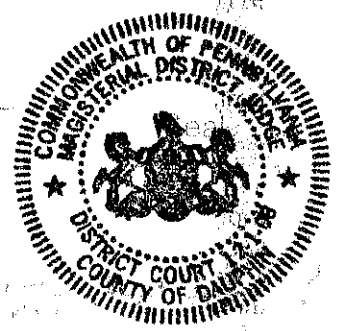
*[Handwritten Signature]*  
 \_\_\_\_\_  
 (Signature of Affiant)

AND NOW, on this date *6/29/09* (Date) I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued.

*12-1-03*  
 \_\_\_\_\_  
 (Magisterial District Court Number)

*[Handwritten Signature]*  
 \_\_\_\_\_  
 (Issuing Authority)



**POLICE CRIMINAL COMPLAINT**

<b>Docket Number</b> CR-266-09	<b>Date Filed:</b> 6/29/09	<b>OTN/LiveScan Number</b> K854006-6	<b>Complaint/Incident Number</b> 09-120
<b>Defendant Name</b>	<b>First:</b> Eugene	<b>Middle:</b> A	<b>Last:</b> Wrona

**AFFIDAVIT of PROBABLE CAUSE**

The Affiant is a Police Officer employed as a Detective with the Criminal Investigation Division of the Office of the District Attorney of Dauphin County.

The accused, Eugene Wrona was disbarred and his license revoked by the Supreme Court of Pennsylvania based on a recommendation to the Court submitted on March 31, 2006. The effective date of the order was June 29, 2006.

Wrona had accused a Lehigh County Judge of misconduct and criminal actions. These accusations were deemed to be false and a violation of multiple Rules of Professional Conduct by the Disciplinary Board of the Supreme Court of Pennsylvania. As a result, Wrona was disbarred. As of the date of this report, Wrona's license has not been restored.

In 2008, Judge Lawrence F. Clark of the Dauphin County Court of Common Pleas presided over Commonwealth of Pennsylvania vs. Claudia A. Montelione, docketed to 757 CD 2008. Ms. Montelione had been accused by the Pennsylvania Office of Attorney General of various criminal violations. Mr. Wrona has represented Ms. Montelione in the appeal process related to this criminal action. He has signed these documents as "Eugene A. Wrona - Counsel for Appellant" also citing his address in Lehigh County and his Attorney ID Number - 67880. This is the same Attorney ID Number as issued by the Pennsylvania Supreme Court.

**I, DETECTIVE JEROME P. WOOD, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

*[Handwritten Signature]*  
\_\_\_\_\_  
(Signature of Affiant)

Sworn to me and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, Magisterial District Judge

My commission expires first Monday of January, . \_\_\_\_\_