

**LYCOMING COUNTY COURT OF COMMON PLEAS
CONTINUANCE REQUEST – ORPHANS’ COURT DIVISION**
(Complete sections I-III and the contact information at the bottom of this form.)

(Caption) _____ :
_____ :
_____ : Docket No. _____
_____ :
_____ :

I. Application is hereby made to continue the: (check one)

Trial _____ Argument _____ Hearing _____ Conference _____

scheduled for _____ (date) at _____ (time) in Courtroom No. _____.

II. Basis for this application: _____

Party requesting continuance

Attorney for moving party (if any)

Today’s date

III. I certify that I have contacted the other party on _____ (date) to determine the other party’s position regarding this continuance. The other party: (check one)

Agrees _____ Does not agree _____ Reason: (state why and, if applicable, describe attempts to contact the other party)

Opposing Attorney

V. Action by the Court: AND NOW THIS _____ day of _____, 20 _____,

_____ This application for continuance is denied. _____

_____ This application for continuance is granted, and this case is continued. Counsel are hereby attached for this

proceeding on: _____.

MOVING PARTY IS REQUIRED TO PROMPTLY NOTIFY THE OTHER PARTY OF THIS DECISION

By The Court,

cc:

(Your name, address, and telephone number and your attorney’s name if represented)

(Other party’s name, address, and telephone number and their attorney’s name if represented)