

**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)

Hand deliver to Court Administration OR submit via email to [amcdonald@lyco.org](mailto:amcdonald@lyco.org), [kshireman@lyco.org](mailto:kshireman@lyco.org), [mcorredor@lyco.org](mailto:mcorredor@lyco.org)