

**LYCOMING COUNTY COURT OF COMMON PLEAS  
CONTINUANCE REQUEST – CIVIL AND FAMILY DIVISIONS  
(Complete sections I-III and the contact information at the bottom of this form.)**

Plaintiff	:	
vs.	:	Docket No. _____
	:	PACSES No. (if any) _____
	:	
Defendant	:	_____

**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
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**III. I certify that I have contacted the other party in this matter 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

**IV. 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 [courtscheduling@lyco.org](mailto:courtscheduling@lyco.org)