

## Office of the District Court Administrator Lycoming County

## ATTORNEY UNAVAILABILITY

Name:	Date:	
ANYTIME your schedule changes, please list th	e dates and times of unavail	lability below. For
specific timeframes of unavailability choose "Oth	er".	

If you are unavailable on a certain day of the week all year long, please indicate (i.e. "All Tuesdays").

Submit this form to Court Scheduling by emailing the same to <a href="mailto:courtscheduling@lyco.org">courtscheduling@lyco.org</a>.

**NOTE**: This is <u>NOT</u> a continuance request and any Court appearances already on the Court Calendar will remain scheduled.

DATE(S)	ALL DAY	AM	PM	OTHER