

**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)

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:
:
:
:

Docket No. _____

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

- I. Trial Argument
Hearing Conference

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

Basis for this application: _____

II.

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)