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.)

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

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:**_____.

<u>MOVING PARTY IS REQUIRED TO PROMPTLY NOTIFY THE OTHER PARTY OF THIS DECISION</u>

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