

**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