

**COURT OF COMMON PLEAS, LYCOMING COUNTY, PENNSYLVANIA
ORPHANS' COURT MOTION COVER SHEET**

Caption: _____ Docket No. _____

1. Name of filing party: _____ Case assigned to Judge _____
Family Court Officer/Auditor _____

2. Filing party attorney: _____

3. Type of filing: _____

<p>4. The following is/are requested:</p> <p><input type="checkbox"/> Argument <input type="checkbox"/> Evidentiary Hearing <input type="checkbox"/> Court Conference <input type="checkbox"/> Pretrial Conference <input type="checkbox"/> Entry of uncontested Order (attach supporting documentation) <input type="checkbox"/> Expedited consideration - state the basis: _____</p> <p><input type="checkbox"/> Issuance of a Citation/Rule to Show Cause <input type="checkbox"/> Video Conferencing requested - request form has been submitted (see Lyc. Co. R.G.C.B. L8) <input type="checkbox"/> Attach this cover sheet to original motion previously filed on _____</p> <p>5. Time required: _____</p>	<p>6. Names and addresses of all counsel, unrepresented parties and interested parties (including CASA representative, if appointed) and indicate if anyone is incarcerated:</p> <p>___Continued on separate sheet.</p>
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ORDER

1. ___ An ___ argument ___ factual hearing ___ court conference is scheduled for _____ at _____ m, in courtroom no. _____, Lycoming County Courthouse, Williamsport, PA.
2. ___ Pretrial memos including witness list and exhibits are to be filed by the following dates:
Filing party: _____ Responding parties: _____ .
3. ___ A response to the motion/petition shall be filed as follows: _____.
4. ___ Petitioner shall ensure service of this scheduling order on all parties and interested persons within _____ days of the date of this order and shall provide the court with proof of service at least _____ working days prior to the scheduled proceeding.
5. _____ is appointed as counsel for the alleged incapacitated person, and petitioner shall serve a copy of this scheduling order, petition and any attachments on the appointed attorney. The appointed attorney is to be reimbursed at the rate of \$_____ per hour to be paid by the county/estate of the alleged incapacitated person (circle one).
6. ___ See order attached. ___ See separate order issued this date.
7. Other: _____.

Judge _____
Date

cc: ALL PARTIES OR OTHERS TO BE SERVED WITH NOTICE MUST BE DESIGNATED IN BOX 6 ABOVE.

NOTICE: The parties are directed to confer for the purpose of resolving any issue raised in the motion/petition. If a resolution is reached prior to the scheduled date, the moving party shall immediately notify the court scheduling technician, the judge or hearing officer assigned to hear the matter, and all counsel of record or parties if unrepresented. Such notice may be in writing or by email.