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	:	**Docket No. _____**
vs.	:	**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**

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

REV. 7/2026