

**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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:  
:  
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Docket No. \_\_\_\_\_

**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: \_\_\_\_\_.

**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](mailto:courtscheduling@lyco.org)