

**IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA
DOMESTIC RELATIONS SECTION
APPLICATION FOR CONTINUANCE**

INSTRUCTIONS:

- The party applying for a continuance **MUST** obtain a response to the application from the replying party or from his or her attorney. Send the application to the replying party or write the response in Section IV. If no response is indicated in Section IV, the request will be deemed opposed.
- Submit the completed form to Domestic Relations at 14 N. 6th Street or by fax to (610) 782-3725. The application will be acted on in accordance with Lehigh County Rule 1910.12 (i). The applying party will be notified of the court action and is responsible for notifying the replying party. The original will be filed in Domestic Relations.
- Any request for reconsideration submitted to the family/miscellaneous motions judge must include a copy of this continuance determination.

I. APPLICATION IS HEREBY MADE TO CONTINUE THE FOLLOWING CASE:

Plaintiff

VS

Defendant

DOCKET _____
PACSES CASE ID _____
SCHEDULED DATE/TIME: _____

TYPE OF CONTINUANCE (CHECK BELOW)

- SUPPORT CONFERENCE BEFORE CONFERENCE OFFICER
- HEARING BEFORE THE HEARING OFFICER
- COURT HEARING BEFORE THE JUDGE

II. NUMBER OF PREVIOUS CONTINUANCES _____ BY PLAINTIFF _____ BY DEFENDANT

III. APPLICATION IS MADE FOR (check one) PLAINTIFF DEFENDANT FOR THE FOLLOWING REASONS:

Signature of applying party/attorney _____ DATE _____ PHONE _____

IV. APPLICATION IS (check one) OPPOSED or UNOPPOSED FOR THE FOLLOWING REASON:

Signature of replying party/attorney _____ DATE _____ PHONE _____

NOTICE: THE APPLYING PARTY AND ANY NON-OPPOSING PARTY ARE DEEMED TO WAIVE APPLICABLE TIME STANDARDS SET FORTH IN PA RULES OF PROCEDURE

FOR COURT USE ONLY

V. ACTION TAKEN:

- () Application is granted and the case is continued () Application is denied
- () Generally () No Further Continuances
- () Next Available List
- () To _____
- Date/Time Courtroom (if applicable)
- () To a new date to be scheduled within _____ days.

COMMENT: _____

(Judge, Hearing Officer, or DRS Director) & Date