

_____ COUNTY

SUPERIOR COURT

REQUEST TO CALENDAR

FILE #: ____ **CVS** _____

(PLAINTIFF)

Approximate Hearing Time:

Day(s): (_____)

Hour(s): (_____)

Minutes: (_____)

VS.

(DEFENDANT)

WEEK YOU ARE REQUESTING: _____ *(Subject to Available Court Time)*

TRIALS: JURY **NON-JURY**

MOTIONS: () COURTROOM: _____

List each motion below:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

DO YOU REQUIRE A COURT REPORTER? YES NO

HAVE YOU CONFERRED WITH ALL PARTIES INVOLVED? YES NO

HAVE ALL PARTIES AGREED TO THE DATE YOU ARE REQUESTING? YES NO

<p style="text-align: center;">CERTIFICATE OF SERVICE</p> <p>This is to certify that the undersigned has this date served this pleading upon all other parties to this cause by:</p> <p><input type="checkbox"/> depositing a copy enclosed in a post paid, properly addressed wrapper in a post office or official depository under the exclusive care and custody of the United States Postal Service,</p> <p><input type="checkbox"/> handing it to the attorney or to the party,</p> <p><input type="checkbox"/> leaving it at the attorney's office with a partner or employee,</p> <p><input type="checkbox"/> sending it to the attorney's office by a confirmed telefacsimile transmittal for receipt by 5:00 P.M. Eastern Time on a regular business day, as evidenced by a telefacsimile receipt confirmation,</p> <p><input type="checkbox"/> having the Sheriff serve the parties.</p> <p>DATE OF SERVICE: _____</p>	<p>PRINT OR TYPE YOUR NAME: _____</p> <p>STATE BAR NUMBER: _____</p> <p>SIGN YOUR NAME: _____</p> <p>YOUR ADDRESS: _____ _____</p> <p>TELEPHONE NUMBER: _____</p> <p>ARE YOU THE:</p> <p>PLAINTIFF <input type="checkbox"/></p> <p>DEFENDANT <input type="checkbox"/></p> <p>UNNAMED DEFENDANT <input type="checkbox"/></p>
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LIST BELOW THE NAMES AND ADDRESSES OF THOSE SERVED	
Name:	Attorney For:
Address:	
Name:	Attorney For:
Address:	