

**FORSYTH COUNTY SUPERIOR COURT
REQUEST TO CALENDAR CIVIL MOTION HEARING(S)
CALENDAR REQUEST FORMS MUST BE SUBMITTED TO THE SUPERIOR COURT JUDGES' OFFICE ONLY
DO NOT FILE YOUR REQUEST WITH THE FORSYTH COUNTY CLERK'S OFFICE**

(Plaintiff)

V

(Defendant)

File No.: _____

Requested Week: _____
(Calendar is Subject to Court Availability)

Estimated Length of Hearing: _____

HAVE YOU CONFERRED WITH ALL PARTIES INVOLVED AND DO ALL PARTIES AGREE AND CONSENT THAT THE DATE YOU ARE REQUESTING ABOVE IS SATISFACTORY TO ALL PARTIES? _____ Yes _____ No

DO PARTIES REQUEST A COURT REPORTER: YES _____ NO _____

LIST TYPE(S) OF MOTION(S): (1) _____ (2) _____

CALENDAR CALL begins at 10:00 am on Monday – All parties must be present. Calendar will be set at that time.

**CERTIFICATE OF SERVICE
FOR THIS CALENDAR FORM**

This is to certify that the undersigned has this date served the foregoing Calendar Request Form in the above captioned matter upon all parties to the cause by emailing or mailing to the addresses listed below.

YOUR NAME: _____ DATE: _____

YOUR SIGNATURE: _____

YOUR ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL: _____

ATTORNEY/PARTY FOR: Pro Se Plaintiff _____ Plaintiff's Counsel _____
Pro Se Defendant _____ Defendant's Counsel _____

LIST BELOW OR ATTACH THE NAMES AND ADDRESSES OF THOSE SERVED:

ATTORNEY NAME/PARTY: _____ Email: _____
ADDRESS: _____

ATTORNEY NAME/PARTY: _____ Email: _____
ADDRESS: _____

This Superior Court Calendar Request Form is available at www.nccourts.gov
Submit all calendar request forms to Forsyth.SCJO.civil@nccourts.org