

vs.

**NOTICE OF HEARING / CALENDAR REQUEST**

Please place the above-captioned matter on the ☐ Rockingham / ☐ Caswell County Civil Superior Court calendar for the \_\_\_\_\_ session for the following:

- ☐ Motion – Please State Type of Motion: \_\_\_\_\_  
☐ Trial – Please checkmark if it is for ☐ jury or ☐ non-jury.

Estimated Length of Hearing/Trial: \_\_\_\_\_

Nature of Case: \_\_\_\_\_

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

- ☐ Plaintiff      ☐ Attorney for Plaintiff  
☐ Defendant      ☐ Attorney for Defendant

**CERTIFICATE OF SERVICE**

This is to certify that the undersigned has this date served this pleading upon all other parties to this cause by:

- ☐ 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 U.S. Postal Service;  
☐ Handing it to the attorney or to the party;  
☐ Leaving it at the attorney's office with a partner or employee;  
☐ 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;  
☐ Having the Sheriff serve the parties.

DATE OF SERVICE: \_\_\_\_\_

PRINT YOUR NAME: \_\_\_\_\_

STATE BAR NO.: \_\_\_\_\_

SIGN YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

List Below the Names and Addresses of Those Served:

Name:	Attorney for:
Address:	
Name:	
Address:	
Attorney for:	

➤ **Email** a Courtesy Copy of the Form to: [Trina.R.Law2@nccourts.org](mailto:Trina.R.Law2@nccourts.org).