

CIVIL SUPERIOR COURTS OF JUDICIAL DISTRICT 27B
CLEVELAND & LINCOLN COUNTIES

REQUEST TO CALENDAR CIVIL SUPERIOR COURT HEARING

Return Completed Form to the Trial Court Administrator's Office at 27b.superior.hearings@nccourts.org

County of _____

File No. _____

(Plaintiff)

Attorney/Party Requesting Hearing:

VS.

(Defendant)

Requested Week for Hearing:
(date subject to available court time)

Have you conferred with ALL parties involved and agreed that the week you are requesting above is satisfactory to ALL parties? YES NO

Hearing Type: Non-Jury Trial Settlement Approval
 Motion Appeal
 Minor Settlement Discovery Scheduling Conference

Details of Checked Type Above (*i.e Motion for Summary Judgment, Appeal of Clerks Order, etc.*):

(1) _____ (2) _____

(3) _____ (4) _____

Estimated Amount of Time Needed for Hearing (*both sides in total*): _____

Contact Information for All Required Persons to Be Included on Remote Hearing/Video Conference:

<i>(Name)</i>	<i>(E-Mail Address)</i>	<i>(Phone Number)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____