HOKE COUNTY SUPERIOR CIVIL COURT

CALENDAR REQUEST	CASE NUMBER:			
*FILL IN [] JURY	[] NON-JURY	[] MOT	ION - TYPE	OF MOTION
NATURE OF CASE ("x"				
Default Contract	Negligence []	Land Dispute	Caveat []	Other []
		*****TERM****		
PLAINTIFF(S) VS		*ESTIMATE	G ED TIME: HOURS	· · · · · ·
DEFENDANT(S)		(Must be c	ompleted)	
MOTION and that I have serve THISDAY OF	, 20_	•	iis request.	
*If opposing counsel ca given to the undersigne 266-4575 <u>immediately.</u>		Iring the term t		
COPY TO: (MUST SHO 1. (ORIGINAL) Hoke Coun 2. Patricia Fields, Trial Co Laurinburg, N. C. 28353	ty Clerk of Court, P.O. urt Coordinator, FAX	Box 1569, Raeford, - 910-266-4578 and I	N. C. 28376. mail to P.O. Box 7	769,
3		Attorney	For	
Pro Se:				name/address
	CERTIFICATE OF RE	ADINESS (for TRIAL	.S only):	
I HEREBY CERTIFY: (a) All motions existing of disposed of without de (b) I know of no procedural (c) I know of no parties or v (d) I know of no current reas	lay of trial. I matters which would vitnesses desired that	delay the trial of the will not be available	e case when calle e on the trial date	d for trial.
This day of	, 20	-•		
			Attorney for (P	Plaintiff/Defendant)