

**FORSYTH COUNTY SUPERIOR COURT
REQUEST TO CALENDAR**

(Plaintiff)

V

(Defendant)

File No.: _____
Requested Week: _____
(Date is Subject to Available Court Time)
Approximate Length of Hearing: _____
Special Circumstances: _____

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

ARE YOU REQUESTING? _____ Trial _____ Non-Jury Trial _____ Motion

IF YOU CHECKED MOTION ABOVE, LIST TYPE(S) OF MOTION(S)?

- (1) _____ (2) _____
(3) _____ (4) _____

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this request upon all other parties to this cause by depositing a copy hereof in a postpaid wrapper in a post office or official depository under the exclusive care and custody of the United States Post Office Department, properly addressed to the attorney or attorneys for said parties, or has otherwise properly served it in the following manner(s):

(Specify Here)
YOUR NAME: _____ DATE: _____

YOUR SIGNATURE: _____

YOUR ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL: _____

ARE YOU: Plaintiff _____ Defendant _____

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

ATTORNEY NAME/PARTY: _____
ADDRESS: _____

ATTORNEY NAME/PARTY: _____
ADDRESS: _____

Calendar Request Schedule and Calendar Request Form are available at www.ncfcc.us or www.nccourts.org

Please send your calendar request to Vicky Rogers, PO Box 20099, Winston Salem, NC 27120, fax (336-) 779-6335 or email, vicky.d.rogers@nccourts.org