TCA USE ONLY						
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WAKE COUNTY CIVIL SUPERIOR COURT CALENDAR REQUEST

		FILE NO.		CVS			
	VS.	**SESSION BEGINNING:* *Consult the session calendars for available dates and deadlines prior to submitting this request					
MOTION(S)	OTHER:						
(1) COMPLE	TE #1-5 BELOW AND SIGN						
1. [Date Motion filed (motion will not be	calendared until i	t has been	filed):			
2. /	Approximate hearing time: day(s), hour(s), minutes.						
3. H	Have you conferred with all parties involved? ☐ YES ☐ NO						
4. H	Have all parties agreed to the requested date? ☐ YES ☐ NO						
	Special request:						
	Print Name:	☐ Plaintiff ☐ Defendant		rney for Plaintiff rney for Defendant			
	Phone Number: Ema		ail:				
	Address:						
		PO Box 1916, Rale	eigh, NC 2	darrequestswake@nccourts.org 7602; or FAX: (919) 792-4951 st their names and addresses below			
☐ Plaintiff	☐ Attorney for Plaintiff			☐ Attorney for Plaintiff			
Defendant Name:	☐ Attorney for Defenda	nnt	lant	☐ Attorney for Defendant			
Address:		Address:					
Phone Number:		Phone Numl	 ber:				

NOTE: The submission of a calendar request to the TCA's office *does not guarantee* a setting on the requested session. Please check the published calendars http://www.nccourts.org/County/Wake/Calendars to verify your court date(s).