

TCA USE ONLY:

DMOT

DJU

DNJ

CW

CALENDAR REQUEST FOR WAKE COUNTY CIVIL DISTRICT COURT

FILE NO. _____

vs.

SESSION BEGINNING: _____

**You must consult the session calendars for available dates and deadlines prior to submitting this request*

MOTION TYPE:	TRIAL
	<input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury

(1) COMPLETE #1-5 BELOW AND SIGN

1. Date Motion filed (*motion will not be calendared until it has been filed*): _____
2. Approximate hearing time: ____ day(s), ____ hour(s), _____ minutes.
3. Have you conferred with all parties involved? YES NO
4. Have all parties agreed to the requested date? YES NO
5. Special request: _____

This the ____ day of _____ 20____.

- Plaintiff Attorney for Plaintiff
 Defendant Attorney for Defendant

Print Name: _____	
Phone Number: _____	Email: _____
Address: _____	

(2) SUBMIT REQUESTS TO TCA

EMAIL (*preferred method*): calendarrequestswake@nccourts.org

MAIL: PO Box 1916, Raleigh, NC 27602; or **FAX:** (919) 792-4951

(3) SEND A COPY OF THIS REQUEST TO ALL PARTIES / ATTORNEYS – List their names and addresses below

<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Attorney for Plaintiff	<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Attorney for Plaintiff
<input type="checkbox"/> Defendant	<input type="checkbox"/> Attorney for Defendant	<input type="checkbox"/> Defendant	<input type="checkbox"/> Attorney for Defendant
Name: _____		Name: _____	
Address: _____		Address: _____	
Phone Number: _____		Phone Number: _____	

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).