

CALENDAR REQUEST FOR SUPERIOR COURT – EDGECOMBE COUNTY

STATE OF NORTH CAROLINA

FILE NO.

EDGECOMBE COUNTY

JURY

NON-JURY

	*	
Plaintiff(s)	*	
vs.	*	SESSION BEGINNING:
	*	
Defendant(s)	*	

If Motion, specify type: _____

Approximate hearing time: day(s) _____ hour(s) _____ minutes _____.

Have you conferred with all parties involved? _____ Yes _____ No.

Have all parties agreed to the requested date? _____ Yes _____ No.

Special Request _____

This the _____ day of _____, year.

Name, Address, State Bar#
Party Represented
Telephone and Fax Number

Copy to Trial Court Coordinator
Felecia W. Lucas
Felecia.W.Lucas@nccourts.org