

State of North Carolina
County of _____

In the General Court of Justice
Superior Court Division
File No: _____

(Plaintiff)

VS.

CALENDAR REQUEST

(Defendant)

Type of Hearing: ____ Motion _____

____ Other _____

Date Of Hearing: _____ **Estimated Length of Hearing:** _____

Contact Information Plaintiff/Plaintiff's Attorney:

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Contact Information Defendant/Defendant's Attorney:

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Certificate of Service: This is to certify that the undersigned has this date served this pleading upon all parties listed and by what means as prescribed by Rule 5 of the North Carolina Rules of Civil Procedure: (attached additional page if necessary)

Name and Address of those serviced and how: _____

Date of Service: _____ Signed: _____

*****ALL** fields of this form are required. Please fully complete this form before filing with the Clerk's Office***