NORTH CAROLINA

FORSYTH COUNTY

Plaintiff,

۷.

Defendant.

GENERAL CIVIL: 1ST WEEK OF EACH MONTH

_____ JURY

_____ NON-JURY

TYPE OF MOTION: _____

WEEK REQUESTING: _____

NOTE: If an interpreter is necessary for any civil hearing, please complete the form found at <u>https://www.nccourts.gov/request-for-spoken-foreign-language-court-interpreter</u> at least one week prior to the hearing.

CERTIFICATE OF SERVICE	STATE BAR NUMBER:
This is to certify that the undersigned has this date served this pleading upon all other parties to this cause by () depositing a copy enclosed	ATTY'S/PARTY'S NAME:
in a post office of official depository under the exclusive care and custody	
of the United States Postal Service. () handing it to the attorney or to the party, leaving it the attorney's office with a partner or employee.	ADDRESS:
() sending it to the attorney's office by a confirmed FAX receipt	
confirmation, () sending to the attorney's email address of record with the court or to the party's email with the party's consent to receive	TELEPHONE NUMBER:
service via email attached if not already filed with the court, or ()	
having the Sheriff serve the parties.	EMAIL ADDRESS:
	PLAINTIFF DEFENDANT
DATE OF SERVICE SIGNATURE	
LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:	LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
PHONE NUMBER:	PHONE NUMBER:
EMAIL ADDRESS:	EMAIL ADDRESS:
FAX NUMBER:	FAX NUMBER:
PLAINTIFF: DEFENDANT:	PLAINTIFF: DEFENDANT:

IN THE GENERAL COURT OF JUSTICE DISTRICT COURT DIVISION FILE NO. _____

DISTRICT COURT CALENDAR REQUEST & NOTICE OF HEARING

General Civil