

NORTH CAROLINA

FORSYTH COUNTY

IN THE GENERAL COURT OF JUSTICE

DISTRICT COURT DIVISION

FILE NO. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff,

v.

\_\_\_\_\_  
Defendant.

**DISTRICT COURT**  
**CALENDAR REQUEST & NOTICE OF HEARING**

**General Civil**

**GENERAL CIVIL: 1<sup>ST</sup> WEEK OF EACH MONTH**

**VIA WEBEX**

\_\_\_\_\_ **JURY**

\_\_\_\_\_ **NON-JURY**

**TYPE OF MOTION:** \_\_\_\_\_

**WEEK REQUESTING:** \_\_\_\_\_

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

**CERTIFICATE OF SERVICE**

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 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. (\_\_\_\_) 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 service via email attached if not already filed with the court, or (\_\_\_\_) having the Sheriff serve the parties.

STATE BAR NUMBER: \_\_\_\_\_

ATTY'S/PARTY'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLAINTIFF \_\_\_\_\_ DEFENDANT \_\_\_\_\_

\_\_\_\_\_  
DATE OF SERVICE      SIGNATURE

LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_ DEFENDANT: \_\_\_\_\_

LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_ DEFENDANT: \_\_\_\_\_