

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 – 4C**

**CALENDAR CALL ON MONDAY AT 9:30 AM**

\_\_\_\_\_ 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, or (\_\_\_\_) having the Sheriff serve the parties.

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

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

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

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

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

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

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: \_\_\_\_\_

LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:

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

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

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

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

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

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

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