

CALENDAR REQUEST FOR SUPERIOR COURT - WILSON COUNTY

STATE OF NORTH CAROLINA

FILE NO. _____

WILSON COUNTY

____ JURY ____ NON-JURY

Plaintiff(s)

vs.

Defendant(s)

SESSION BEGINNING:

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 _____ of _____, _____.

Signature

Name: _____

Address: _____

Phone Number: _____

Email: _____

Party Represented: _____

Copy to Trial Court Coordinator

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