

NORTH CAROLINA
COUNTY OF DURHAM

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

Assigned Judge: _____

_____, Plaintiff,
v.
_____, Defendant.

**AFFIDAVIT FOR JUDICIAL
ASSIGNMENT AND
NOTICE OF HEARING**

The undersigned certifies the following:

1. That I am the Plaintiff/Plaintiff's attorney Defendant/Defendant's attorney in this matter.
2. That the attached Complaint Answer/Counterclaim Other: _____ is:
 - A newly filed action/matter.
 - A filing in a pending (open) action involving the same parties or family in this District.
 - A filing in a resolved (closed) action involving the same parties or family in this District.
 - A filing in which there is a pending or resolved action involving the same parties or family in other districts in North Carolina or another state.
 - A re-filing of an action with the same legal issues that were previously closed by voluntary dismissal, involuntary dismissal or discontinuance.
3. Durham County District Court Judge _____ is or was the assigned judge in a pending or prior civil action in this District involving the same parties and/or family members (including either parties' children) and/or related family issues.
4. An interpreter is needed to be present for court proceedings.
 YES NO

If yes, what language(s) does the party speak? _____

This the _____ day of _____, 20_____.

 Signature of Plaintiff Defendant
 Attorney for Plaintiff Attorney for Defendant

Print Name: _____

Daytime Telephone Number _____

Email Address: _____

PLEASE TAKE NOTICE THAT a hearing has been scheduled in this matter on the date and time indicated below, or as soon thereafter as the Court can hear this matter, in the courtroom indicated.

FAMILY COURT COMPLETES THIS BOX			
Judge Assigned: <input type="checkbox"/> Maris <input type="checkbox"/> Hall <input type="checkbox"/> Jones <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Temporary Hearing for: <input type="checkbox"/> Temp. Custody <input type="checkbox"/> Temp. Child Support Date: _____ Time: _____ Courtroom: _____ <input type="checkbox"/> Post Separation Support <input type="checkbox"/> Interim Distribution			
<input type="checkbox"/> Ex-Parte Hearing for _____ Date: _____ Time: _____ Courtroom: _____			
<input type="checkbox"/> Custody Mediation Orientation Date: _____ Time: _____ 9 th floor conference room (9100)			
<input type="checkbox"/> Status Conference (ED or Alimony) Date: _____ Time: _____ 6 th floor Family Court Office (6500)			
<input type="checkbox"/> Other: _____ Date: _____ Time: _____ Courtroom: _____			
FC Staff: _____ Date: _____			
<i>Family Court Staff Use ONLY</i>			
<input type="checkbox"/> DIVR <input type="checkbox"/> INCORP <input type="checkbox"/> CUST <input type="checkbox"/> CSUP <input type="checkbox"/> EQUJ <input type="checkbox"/> ALIM <input type="checkbox"/> DBB <input type="checkbox"/> ATFE <input type="checkbox"/> RESU <input type="checkbox"/> QDRO <input type="checkbox"/> TCUST <input type="checkbox"/> TCSUP <input type="checkbox"/> INDS <input type="checkbox"/> PSSU <input type="checkbox"/> TRO <input type="checkbox"/> OTHER _____			

CERTIFICATE OF SERVICE

I hereby certify that a copy of this Affidavit for Judicial Assignment and Notice of Hearing has been served on the opposing party/counsel in the following manner:

By depositing a copy in the US Mail in a properly addressed, postpaid envelope to: _____

By Sheriff service to: _____

By hand delivery to: _____

By facsimile to: _____ Fax No.: _____

Other: _____

Date: _____

Plaintiff

Attorney for Plaintiff

Defendant

Attorney for Defendant