

Davidson County District Civil Calendar Request

Calendar Date (preferred day of hearing) _____

_____ v. _____

(Plaintiff v. Defendant)

File Number _____ CVD _____

Contact Information-

Plaintiff Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Defendant Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Attorneys (if applicable)-

Plaintiff Attorney: _____ Phone & Email: _____

Defendant Attorney: _____ Phone & Email: _____

Type of Hearing: Custody Divorce Motion for Summary Judgment
Motion for _____ Other: _____

Mediation complete (Please circle): YES NO WAIVED Jury Trial Requested: YES NO

Time required (Please circle): 15-30 Minutes 1-2 Hours 3-4 Hours 1 day ____ days

Special circumstances (Interpreter/hearing device request/exhibits etc.):

Certification:

By signing below, I _____ (attorney, plaintiff, or defendant) certify that this case is ready for trial, parties are prepared for trial, court staff has been consulted and this date is approved, and all local rules and statutes have been complied with. All other options for resolution have been attempted at the time of this filing and court intervention is the only option for resolution in this case.

Filed by: _____ Plaintiff / Plaintiff's Attorney
_____ Defendant/ Defendant's Attorney

Date Mailed to opposing Party: _____. I have on this date mailed a copy of this Notice of Hearing and Calendar Request to the opposing party in this action by placing same, with sufficient postage thereon, in a U.S. Mail receptacle, as prescribed by Rule 5 of the North Carolina Rules of Civil Procedure.

*****ALL fields of this form are required. Please fully complete this form before filing with the Clerks' Office*****