

**DISTRICT COURT CALENDAR REQUEST FORM AND NOTICE OF HEARING  
EQUITABLE DISTRIBUTION AND  
FAMILY FINANCIAL SETTLEMENTS  
21<sup>ST</sup> JUDICIAL DISTRICT-FORSYTH COUNTY**

FILE NUMBER: [ \_\_\_\_\_ ]

[ \_\_\_\_\_ ]

**PLAINTIFF**

VS.

CONTINUANCE REQUEST \_\_\_\_\_ (NO FEE)

[ \_\_\_\_\_ ]

**DEFENDANT**

---

**COURTROOM: 4A**

**MOTION:** \_\_\_\_\_

**TYPE OF E.D. MOTION:** \_\_\_\_\_

**PRETRIAL:** \_\_\_\_\_

**WEEK REQUESTING E.D. HEARING:** \_\_\_\_\_

**TRIAL:** \_\_\_\_\_

---

**CERTIFICATE OF SERVICE**

This is to certify that the undersigned has this date served this Calendar Request/Notice on all other parties to this action or his/her/their attorney by: [ ] depositing a copy enclosed in an envelope with sufficient postage, properly addressed to the party(ies), or his/her/their attorney(s), in a post office or official depository under the exclusive care/custody of the United States Postal Service. [ ] handing it to the party(ies) or attorney(s), or leaving it at the attorney(s)' office with a partner or employee. [ ] sending it to the attorney(s)' office by confirmed FAX receipt. [ ] 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. [ ] having the Sheriff serve the party(ies).

DATE OF SERVICE: \_\_\_\_\_

ATTORNEY OR *PRO SE* NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

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

ATTORNEY FOR: PLAINTIFF \_\_\_\_\_ DEFENDANT \_\_\_\_\_

**LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:**

NAME: \_\_\_\_\_ ATTORNEY \_\_\_\_\_ PRO SE \_\_\_\_\_

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

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

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