

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

FILE NUMBER: [_____]

[_____]
PLAINTIFF

VS.

[_____]
DEFENDANT

COURTROOM: 4A

CALENDAR CALL-MONDAY AT 9:30AM

MOTION: _____

TYPE OF E.D. MOTION: _____

PRETRIAL: _____

WEEK REQUESTING E.D. HEARING: _____

TRIAL: _____

TIME LINE/DEADLINES FOR FFS-FAMILY FINANCIAL SETTLEMENTS

| | | | |
|---|-----------------------------------|---------|--------|
| Inventory Affidavit by party asserting claim: | 90 days from filing ED Claim | Yes [] | No [] |
| Responsive Affidavit by opposing party: | 30 days from service of Affidavit | Yes [] | No [] |
| Designation/Appointment of Mediator | Prior to ISC | Yes [] | No [] |
| 1 st Status/Scheduling/Discovery Conference – ISC: | 120 days from filing action | Yes [] | No [] |
| Initial Pretrial Conference: | 75 days from ISC | Yes [] | No [] |
| Complete Mediated Settlement Conference-ADRC: | 150 days from ISC | Yes [] | No [] |
| MEDIATION: Settled: Yes [] No [] Partially Settled Yes [] No [] Impasse: Yes [] No [] | | | |
| Final Pretrial Conference-FPTC: | 30 days from ADRC | Yes [] | No [] |
| Non-Jury Trial-INJ: | 30 days from FPTC | Yes [] | No [] |
| Entry of Order – EO: | 30 days from hearing date | Yes [] | No [] |

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 _____

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[_____]
PLAINTIFF

VS.

NO FILING FEE

(THIS HEARING WAS PLACED ON A
CALENDAR AND NOT REACHED FOR HEARING)

[_____]
DEFENDANT

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