

NORTH CAROLINA

FORSYTH COUNTY

IN THE GENERAL COURT OF JUSTICE

DISTRICT COURT DIVISION

FILE NO. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff,  
v.

\_\_\_\_\_  
Defendant.

**DISTRICT COURT  
CALENDAR REQUEST & NOTICE OF HEARING**

**NOTE IF CONTINUANCE REQUEST \_\_\_\_\_ (NO FEE)**

**CHAMBERS HEARINGS**

**CHILD CUSTODY MEDIATION**

**PARTIES MUST COMPLETE CHILD CUSTODY MEDIATION BEFORE CUSTODY HEARING OR CHILD CUSTODY CONTEMPT MATTER CAN BE SET UNLESS EXEMPT BY THE JUDGE:**

**Have the parties completed mandatory child custody mediation?** YES [ ] NO [ ].

Date mediation was completed: \_\_\_\_\_

**If mediation not completed:**

Date mediation orientation is scheduled: \_\_\_\_\_

Date mediation is scheduled: \_\_\_\_\_

**Have the parties been exempted from mandatory child custody mediation?** YES [ ] NO [ ]

WEEK REQUESTING: \_\_\_\_\_

COURTROOM REQUESTING: \_\_\_\_\_

CALENDAR CALL DATE: \_\_\_\_\_

APPROXIMATE TIME NEEDED FOR HEARING: \_\_\_\_\_

CALENDAR CALL IS HELD ON THE TUESDAY PRIOR TO WEEK REQUESTED VIA WEBEX

Check each line that applies to the scheduled motion(s):

|               |     |                   |     |            |     |
|---------------|-----|-------------------|-----|------------|-----|
| CUSTODY       | [ ] | TEMPORARY CUSTODY | [ ] | VISITATION | [ ] |
| CHILD SUPPORT | [ ] | FEES              | [ ] |            |     |
| PSS           | [ ] | ALIMONY           | [ ] | DB & B     | [ ] |
| CONTEMPT      | [ ] | OTHER             | [ ] | _____      |     |

4A: Weeks 2 and 3: Long Chambers Hearings

4A: Week 4: Chambers Hearings

4C: Weeks 3, 4, and 4: Chambers Hearings

4H: Weeks 1, 3, and 4: Chambers Hearings

4H: Week 2: Short Chambers Hearings

|    | Week One                      | Week Two                      | Week Three                           | Week Four | Week Five (if applicable) |
|----|-------------------------------|-------------------------------|--------------------------------------|-----------|---------------------------|
| 4A | <i>Equitable Distribution</i> | Long Chambers Hearing Session | Long Chambers Hearing Session, cont. | Chambers  | Chambers                  |
| 4C | <i>General Civil</i>          | Chambers                      | Chambers                             | Chambers  | Chambers                  |
| 4H | Chambers                      | Short Chambers Hearings       | Chambers                             | Chambers  | Chambers                  |

Pursuant to Local Rules: Short Hearings shall take two hours or less to be completed, with equal time allocated to each party. Parent Coordinator Appointment Conferences shall be set during the short hearings chambers week.

Pursuant to Local Rules: Long Chambers Hearings shall be for cases that will take two full days or longer to be heard. Pre-Trial Conferences for all matters set in the Long Hearings Chambers Session shall be completed no later than the first day of the Long Hearings Chambers Session.

**NOTE: If an interpreter is necessary for any civil hearing, please complete the form found at <https://www.nccourts.gov/request-for-spoken-foreign-language-court-interpreter> at least one week prior to the hearing.**

**CERTIFICATE OF SERVICE**

This is to certify that the undersigned has this date served this pleading upon all other parties to this cause by (\_\_\_\_) depositing a copy enclosed in a post office of official depository under the exclusive care and custody of the United States Postal Service. (\_\_\_\_) handing it to the attorney or to the party, leaving it the attorney's office with a partner or employee. (\_\_\_\_) sending it to the attorney's office by a confirmed FAX receipt confirmation, (\_\_\_\_) 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, or (\_\_\_\_) having the Sheriff serve the parties.

STATE BAR NUMBER: \_\_\_\_\_

ATTY'S/PARTY'S NAME: \_\_\_\_\_

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

TELEPHONE NUMBER: \_\_\_\_\_

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

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

\_\_\_\_\_  
DATE OF SERVICE      SIGNATURE

I CERTIFY THAT I HAVE NOT ALREADY SCHEDULED THE ABOVE ON

ANOTHER FUTURE DATE: \_\_\_\_\_ (signature)

LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:

NAME: \_\_\_\_\_

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

CITY/STATE/ZIP: \_\_\_\_\_

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

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

FAX NUMBER: \_\_\_\_\_

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

LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:

NAME: \_\_\_\_\_

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

CITY/STATE/ZIP: \_\_\_\_\_

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

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

FAX NUMBER: \_\_\_\_\_

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