

NORTH CAROLINA  
FORSYTH COUNTY

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO. \_\_\_\_\_

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

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

**MOTION FOR ADDITIONAL TIME**

The undersigned attorney(s), or party/parties (if unrepresented), in this action do hereby request additional time for hearing, beyond the three-hour presumptive hearing time provided for in Section VI of the Local Rules and Case management Plan for the 21<sup>st</sup> Judicial District, for cases for temporary custody, temporary child support and/or post-separation support.

1. I (We) estimate that the length of trial will be \_\_\_\_\_ day(s).
2. Issue(s) to be heard/tried:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
3. I (We) certified that in the above-captioned case:
  - a. Involves numerous expert witnesses, or professional fact witnesses, such as medical professionals, mental health professionals, school personnel or accountants, specifically:
    - i. \_\_\_\_\_
    - ii. \_\_\_\_\_
    - iii. \_\_\_\_\_
  - b. Is the continuation of a trial or hearing already in progress, specifically:
    - i. \_\_\_\_\_
    - ii. \_\_\_\_\_
    - iii. \_\_\_\_\_
  - c. Involves self-employment income or income from other sources outside other than W-2 income, specifically:
    - i. \_\_\_\_\_
    - ii. \_\_\_\_\_
    - iii. \_\_\_\_\_

d. Involves issues of fault on the part of either or both parties, specifically:

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

e. For any other good and compelling reason, the prior examples of which are not exclusive, specifically:

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Plaintiff \_\_\_\_ / Counsel for Plaintiff \_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

NC Bar #: \_\_\_\_\_

\_\_\_\_\_  
Defendant \_\_\_\_ / Counsel for Defendant \_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

NC Bar #: \_\_\_\_\_