STATE OF NORTH CAROLINA IN THE GENERAL COURT OF JUSTICE

 DISTRICT COURT DIVISION

COUNTY OF BUNCOMBE FILE NO: CVD \_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, JUDGE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Plaintiff,

 vs. **CALENDAR CALL**

 **ATTORNEY AVAILABILITY FORM**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,

 Defendant.

If you will not be appearing at calendar call, this form **MUST BE RECEIVED** by Family Court **no later than 3pm on the day prior** to the scheduled calendar call to the appropriate Family Court Case Coordinator: Anne Elliott for Judge Scott and Judge Dotson-Smith and Caroline Anders for Judge Dray**.**

**FAX: (828) 259-3372 or email to:**

**Anne.H.Elliott@nccourts.org** **or** **Caroline.V.Anders@nccourts.org**

Case Information: Judge: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Calendar call date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Estimated length**

Term beginning: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **of hearing/trial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Attorney Information: Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Telephone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** FAX:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** E-mail:**\_\_\_\_\_\_\_\_\_\_\_\_\_**

Reason for unavailability: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Opposing Attorney name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Calendar term availability: Mark an **X** when you are **NOT** available during the Court term:

|  |  |  |
| --- | --- | --- |
|  | TRIAL WEEK ONE  |  |
|  |  Monday  |  Tuesday  |  Wednesday |  Thursday |  Friday  |
| AM |   |   |  |  |  |
| PM |  |  |  |  |  |
|  TRIAL WEEK TWO |  |  |
|  |  Monday |  Tuesday |  Wednesday |  Thursday |  Friday |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

Attorneys agree on the following days and times (subject to Court approval):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Attorney for: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Rev. 1/19) Form 7 (FC)