

**HOKE COUNTY CIVIL SUPERIOR COURT  
CALENDAR REQUEST**

\_\_\_\_\_  
**PLAINTIFF(S)**  
 VS  
 \_\_\_\_\_  
**DEFENDANT**

\_\_\_\_\_  
**FILE NUMBER**  
 \_\_\_\_\_  
**SESSION BEGINNING**

**MOTION TYPE:**

**TRIAL:**

JURY       NON-JURY

**(1) COMPLETE AND SIGN CERTIFICATION OF READINESS BELOW:**

1. Date Motion filed (*motion will not be calendared until it has been filed*): \_\_\_\_\_

2. Approximate hearing time: \_\_\_\_\_ Day(s), \_\_\_\_\_ Hour(s), \_\_\_\_\_ Minutes.

3. Have you conferred with all parties involved?      YES  NO

4. Have all parties agreed to the requested date?      YES  NO

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

\_\_\_\_\_  
 Plaintiff       Attorney for Plaintiff

Defendant       Attorney for Defendant

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

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

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

**(2) ORIGINAL TO THE HOKE COUNTY CLERK OF COURT**

**(3) REQUEST TO:** Sierra Ritchie, Court Manager      **EMAIL:** sierra.n.ritchie@nccourts.org

**(4) COPY TO** (must show service on pro-se parties/ opposing counsel)

<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> ATTORNEY / PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> ATTORNEY / DEFENDANT NAME: _____ ADDRESS: _____ PHONE: _____	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> ATTORNEY / PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> ATTORNEY / DEFENDANT NAME: _____ ADDRESS: _____ PHONE: _____
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