

**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: Christy Bennett, Court Coordinator **EMAIL:** christy.r.bennett2@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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