HOKE COUNTY CIVIL SUPERIOR COURT
CALENDAR REQUEST

_____	_____
PLAINTIFF(S)	**FILE NUMBER**
VS	
_____	_____
DEFENDANT	**SESSION BEGINNING**

MOTION TYPE:

(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: _____

Email: _____

(2) FILE through the ePortal: https://portal-nc.tylertech.cloud/Portal/

(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)

☐ PLAINTIFF ☐ ATTORNEY /PLAINTIFF	☐ PLAINTIFF ☐ ATTORNEY /PLAINTIFF
☐ DEFENDANT ☐ ATTORNEY /DEFENDANT	☐ DEFENDANT ☐ ATTORNEY /DEFENDANT
NAME:_____	NAME:_____
ADDRESS:_____	ADDRESS:_____
EMAIL: _____	EMAIL:_____