

**HOKE COUNTY CIVIL SUPERIOR COURT
CALENDAR REQUEST**

Plaintiff(s)	File Number
VS.	
Defendant(s)	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____.

<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Attorney for Plaintiff
<input type="checkbox"/> Defendant	<input type="checkbox"/> Attorney for Defendant
Print Name: _____	
Phone Number: _____	
Address: _____	

(2) ORIGINAL TO THE HOKE COUNTY CLERK OF COURT

(3) REQUEST TO

Michelle Ritter, Court Coordinator EMAIL: cjdmr2@nccourts.org FAX: (910) 722-5017
MAIL: PO Drawer 1957, Carthage, NC 28327-1957

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

<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Plaintiff
<input type="checkbox"/> Defendant	<input type="checkbox"/> Defendant
<input type="checkbox"/> Attorney for Plaintiff	<input type="checkbox"/> Attorney for Plaintiff
<input type="checkbox"/> Attorney for Defendant	<input type="checkbox"/> Attorney for Defendant
Name: _____	Name: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____