

**HOKE COUNTY CIVIL SUPERIOR COURT  
CALENDAR REQUEST**

<b>Plaintiff(s)</b>	<b>File Number</b>
<b>VS.</b>	
<b>Defendant(s)</b>	<b>Session Beginning</b>

<b>MOTION TYPE:</b>	<b>TRIAL:</b>
	<input type="checkbox"/> JURY <input type="checkbox"/> 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, Judicial Assistant            EMAIL: [cjdmr2@nccourts.org](mailto: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"/> Attorney for Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Attorney for Defendant	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Attorney for Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Attorney for Defendant
Name: _____	Name: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____