

CIVIL SUPERIOR COURTS OF JUDICIAL DISTRICT 27B  
CLEVELAND & LINCOLN COUNTIES

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**REQUEST TO CALENDAR REMOTE HEARING/VIDEO CONFERENCE**

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\*Return Completed Form to the Superior Court Trial Court Coordinator at [kinsley.m.craig@nccourts.org](mailto:kinsley.m.craig@nccourts.org)\*

County of \_\_\_\_\_  
File No. \_\_\_\_\_

(Plaintiff) \_\_\_\_\_ **Attorney/Party Requesting Hearing:** \_\_\_\_\_

VS. \_\_\_\_\_

(Defendant) \_\_\_\_\_ **Requested Week for Hearing:** \_\_\_\_\_  
*(date subject to available court time)*

**Have you conferred with ALL parties involved and agreed that the week you are requesting above is satisfactory to ALL parties?**

**Hearing Type:**

Non-Jury Trial	Settlement Approval
Motion	Appeal
Minor Settlement	Discovery Scheduling Conference

**Details of Checked Type Above** (*i.e Motion for Summary Judgment, Appeal of Clerks Order, etc.*):

(1)	(2)
(3)	(4)

**Estimated Amount of Time Needed for Hearing** (*both sides in total*):

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**Contact Information for All Required Persons to Be Included on Remote Hearing/Video Conference:**

(Name)	(E-Mail Address)	(Phone Number)
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