

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