REQUEST FOR TRIAL SETTING OF DOMESTIC CASE

ONSLOW COUNTY/DISTRICT COURT DIVISION/FORM OD-2

The undersigned requests that the case below be given a trial setting during the court session requested, and affirms that the case is ready for trial.

Note: Pursuant to Onslow County Local Rules this request should be submitted to the Onslow County District Court Judges' Office at least forty (40) days prior to the first day of the court session requested and should be served on opposing parties unless all have consented to a trial setting. Parties objecting to a trial setting should immediately note their objections in writing to the District Court Judges' Office and serve them upon the requesting party. All requests will be reviewed by the presiding judge and attorneys and pro se parties will be informed of the court's decision. The undersigned hereby certifies that the case is eligible to be calendared for the requested term under the applicable local rules.

| DATE OF REQUEST: | CASE NUMBER: | | |
|---|--|---------------|------------------------|
| CASE NAME: | | | |
| PLAINTIFF ATTORNEY: | DEFEND | ANT ATTORNEY: | |
| REQUESTED COURT SESSION: | PRESIDI | NG JUDGE: | |
| SPECIFIC DATE REQUESTED WITHIN TH 2 nd Choice: | HE COURT SESSION: 1 st Choice 3 rd Choice | e: | |
| ISSUES TO BE HEARD: | | | |
| ESTIMATED LENGTH OF TIME FOR CAS | | | |
| REASON FOR REQUESTING A TRIAL SE | TTING: | | |
| HAVE BOTH SIDES AGREED TO THE TR IF NOT AGREED, I HAVE SERVED THIS I | | | ARTY AS FOLLOWS: |
| (name of party served) (addr | ess where party served) | (date served) | (how served) |
| I CERTIFY TO THE COURT THE TRUTH (| OF THE INFORMATION PROVI | DED ABOVE. | |
| (PERSON REQUESTING) | | (TELEPHONE) | |
| THE REQUEST FOR TRIAL SETTING IS: THE CASE SHALL | () GRANTED () DENIE BEGIN: TIME: | | OURT TIME ALLOCATED IS |
| JUDGE PRESIDING | | DATE | |
| (Revised 2024) | | | |