

**ONslow COUNTY CALENDARING REQUEST (DOMESTIC CASE) and  
NOTICE OF HEARING TO OPPOSING PARTY (Form OD-1)**

STATE OF NORTH CAROLINA  
ONslow COUNTY

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plaintiff(s)  
**VS**

\_\_\_\_\_

Plaintiff's Attorney

\_\_\_\_\_

\_\_\_\_\_

Defendant's Attorney

\_\_\_\_\_

Defendant(s)

1. Session Type:  Secondary Calendar  Short Matter Session
2. Session Date: \_\_\_\_\_
3. Presiding Judge: \_\_\_\_\_
4. Specific Issues to be heard and filing date of each issue: \_\_\_\_\_  
\_\_\_\_\_
5. Estimated Court Time Needed for Hearing: \_\_\_\_\_

IF CALENDARING A DOMESTIC CASE FOR THE ISSUES OF PERMANENT CUSTODY, EQUITABLE DISTRIBUTION OR ALIMONY, THE UNDERSIGNED CERTIFIES AS FOLLOWS:

- All pleadings have been filed.
- All discovery has been completed or the time for discovery has expired.
- As to Custody Mediation, the parties have  completed Custody Mediation,  obtained a waiver from the court, or  have scheduled Custody Mediation for the following date:
- As to Family Financial Mediation, the parties have  completed mediation,  obtained a waiver from the court, or  have scheduled mediation for the following date:

THIS CERTIFICATION DOES NOT APPLY TO TEMPORARY ISSUES.

**CALENDAR REQUEST:** *The undersigned certifies that the information herein is true, that the issues calendared are ready to be heard, and that the undersigned is prepared to proceed on the date requested. It is therefore requested that the issues listed be calendared during the court session designated above.*

**NOTICE OF HEARING:** *Notice is given that the opposing party may appear if he or she so desires, but that the undersigned will proceed to have this matter heard regardless of whether the opposing party appears.*

**CERTIFICATE OF SERVICE:** *The undersigned certifies that a copy of this document has this day been served on the opposing party/counsel for the opposing party by depositing the same in the United States Mail, postage prepaid and addressed as set forth below, or by hand delivery, and that a copy has been furnished to the Onslow County Trial Court Coordinator.*

Name and Address of Opposing Counsel or pro se party:

\_\_\_\_\_  
(Signature of Attorney or pro se party making request)

\_\_\_\_\_

\_\_\_\_\_  
(Phone # of person making request)

\_\_\_\_\_  
(Date)

\_\_\_\_\_

**MAIL OR FAX TCC's COPY TO:**

Trial Court Coordinator, Onslow County Courthouse, 625 Court Street, Jacksonville, NC 28540-4797  
Telephone: (910) 478-3616, Fax (910) 478-3626