

STATE OF NORTH CAROLINA  
\_\_\_\_\_ COUNTY

IN THE GENERAL COURT OF JUSTICE  
SUPERIOR COURT DIVISION  
FILE NO: \_\_\_\_-CRS-\_\_\_\_\_

STATE OF NORTH CAROLINA,

Versus

**REQUEST TO CALENDAR REMOTE  
HEARING**

\_\_\_\_\_,  
Defendant

Name of Party Requesting Remote Hearing: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Hearing Type: \_\_\_\_\_

Hearing Date(s): \_\_\_\_\_ Time Requested: \_\_\_\_\_

Opposing Party:  Consents  Objects

Contact Information for all Participates:

Name:

Email:

Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: This form shall be submitted to the Criminal Superior Court Clerk's Office at least twelve (12) days before the requested hearing date. This form must be filed with the Clerk's Office.

Email this form to: [Sarah.D.Hughes@nccourts.org](mailto:Sarah.D.Hughes@nccourts.org)