

**NORTH CAROLINA**  
**SAMPSON COUNTY**

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

\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff )  
\_\_\_\_\_  
Vs. )  
\_\_\_\_\_  
Defendant )  
\_\_\_\_\_ )

**CALENDAR REQUEST**

**TO: CLERK OF COURT OF SAMPSON COUNTY**  
PLEASE CALENDAR THE ABOVE CAPTIONED CASE FOR THE TERM OF:

\_\_\_\_\_  
PRESIDING SCHEDULED JUDGE: \_\_\_\_\_

THE NATURE OF THIS ACTION IS AS FOLLOWS: \_\_\_\_\_

FOR: MOTION \_\_\_\_\_ TRIAL \_\_\_\_\_ JURY \_\_\_\_\_ NON-JURY \_\_\_\_\_

ESTIMATION OF TIME NECESSARY TO HEAR OR TRY CASE \_\_\_\_\_

**CALENDARING ATTORNEY/PARTY CERTIFIES AS FOLLOWS:**

- \_\_\_ All pleadings have been filed.
- \_\_\_ All discovery has been completed or the time for discovery has expired.
- \_\_\_ The parties have completed custody mediation, if applicable, or has been waived.
- \_\_\_ The parties have completed family financial mediation, if applicable, or has been waived.
- \_\_\_ The case is ready for trial and counsel is prepared to proceed on the date requested.
- \_\_\_ That the undersigned counsel or party has read the Local Rules for Civil District Court and this request is in compliance with the local rules.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Attorney for Plaintiff \_\_\_\_\_ Defendant \_\_\_\_\_ Party \_\_\_\_\_

**MAIL OR FAX TO: District Court Judges Office, Sampson County Courthouse, 101 East Main Street, Clinton, NC 28328 Telephone (910)596-6612, Fax (910)596-6613**