## NORTH CAROLINA COUNTY OF WAKE

| IN THE GENERAL COURT OF JUSTICE |  |
|---------------------------------|--|
| DISTRICT COURT DIVISION         |  |
| FILE NO                         |  |
| Assigned Judge:                 |  |

\_\_\_\_

|  | CALENDAR REQUEST  |
|--|---|
| Plaintiff,   | Date Requested:   |
| V  | Total Court Time Required:                              |
| V,   | (for both sides)  |
| Defendant.   |   |
| The above case is ready and should be set for the follo  | wing purpose:   |
| <b>Type of Setting:</b> (choose all that apply)  |   |
| S & D Conference (ED) Emergency/TRO 10-0   | day return 🗌 Trial/Hearing                              |
| Temporary Hearing Initial Pretrial Confer  | rence (ED) Final Pretrial Conference (ED)               |
| Other: A jury trial was dema   | unded for the following claims:                         |
| Issue(s) to be heard at this setting: (choose all that a   | upply)  |
| Child Support Custody/Visitation Po  | st-Separation Support 🗌 Alimony                         |
| Attorney's Fees Equitable Distribution Int   | terim Distribution Divorce ( <i>w/Incorp. of S.A.</i> ) |
| Show Cause/Contempt Modification (must also  | o choose: Custody/Visitation, Child Support or Alimony) |
| Other:   |   |
| <b>Remote WebEx Hearing Requested:</b> No Yes  | Email of opposing party:                                |
| Interpreter required for hearing?  No Yes I  | Language spoken   |
| Discussion with opposing party concerning hearing  | : (must choose at least one box)                        |
| I have consulted with the opposing party and he/sh   | e 🗌 consents 🗌 objects to this hearing date.            |
| Reason for objection (if known):   |   |
| ☐ I attempted to contact the opposing party by ☐ tel<br>(check all that apply) on<br>have not received a response regarding this date. |   |
|  |   |
| This the day of, 20  |   |
| Plaintiff Attorney for Plain   | tiff Defendant Attorney for Defendant                   |
| Daytime Telephone Number:  | Email Address:  |

## **CERTIFICATE OF SERVICE**

I hereby certify that a copy of this Calendar Request has been served on the opposing party/counsel <u>and</u> the assigned Family Court Case Coordinator in the following manner:

| By depositing a copy in th | e US Mail in a properly addres                                | sed, postpaid envelope to:          |
|----------------------------|---|-------------------------------------|
|                            |   |                                     |
| By hand delivery to:       |   |                                     |
| By facsimile to:           |   | Fax No.:                            |
| Other:                     |   |                                     |
| Date:                      | <ul> <li>Plaintiff</li> <li>Attorney for Plaintiff</li> </ul> | Defendant<br>Attorney for Defendant |