

NORTH CAROLINA  
COUNTY OF WAKE

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

Assigned Judge: \_\_\_\_\_

_____, Plaintiff,  v.  _____, Defendant.
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**CALENDAR REQUEST**

**Date Requested:**

**Total Court Time Required:  
(for both sides)**

We are requesting a remote hearing in this case. We understand there will be a limitation on time and exhibits.

A jury trial was demanded in the pleadings for the following issues: \_\_\_\_\_

The above case is ready and should be set for the following purpose (*choose all that apply*):

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Temporary</b> Child Support  | <input type="checkbox"/> <b>Permanent</b> Child Support       |
| <input type="checkbox"/> <b>Temporary</b> Custody/Visitation   | <input type="checkbox"/> <b>Permanent</b> Custody/Visitation  |
| <input type="checkbox"/> Post-Separation Support   | <input type="checkbox"/> Alimony                              |
| <input type="checkbox"/> Interim Allocation  | <input type="checkbox"/> Equitable Distribution               |
| <input type="checkbox"/> Attorney's Fees relating to _____   |   |
| <input type="checkbox"/> Divorce ( <i>contested or w/incorporation of Separation Agreement</i> )                     |   |
| <input type="checkbox"/> Motion for Order Show Cause dated _____   | <input type="checkbox"/> Motion for Contempt dated _____      |
| <input type="checkbox"/> Modification ( <i>circle all that apply: Custody/Visitation, Child Support or Alimony</i> ) |   |
| <input type="checkbox"/> Initial Pre-Trial Conference for _____  | <input type="checkbox"/> Final Pre-Trial Conference for _____ |
| <input type="checkbox"/> Other: _____  |   |

**Interpreter required for hearing?**  No  Yes Language spoken \_\_\_\_\_

**Discussion with opposing party concerning hearing:** (*must choose at least one box*)

I have consulted with the opposing party and he/she  consents  objects to this hearing date.

Reason for objection (if known): \_\_\_\_\_

**I have been unable to communicate with the opposing party and more than 48 hours** has passed since I attempted to contact the opposing party on \_\_\_\_\_ by  telephone  facsimile  email.

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

Signature: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Plaintiff              | <input type="checkbox"/> Defendant              |
| <input type="checkbox"/> Attorney for Plaintiff | <input type="checkbox"/> 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 and the assigned Family Court Case Coordinator in the following manner:

By depositing a copy in the US Mail in a properly addressed, postpaid envelope to:  
\_\_\_\_\_

By hand delivery to: \_\_\_\_\_

By facsimile to: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Other: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Plaintiff              | <input type="checkbox"/> Defendant              |
| <input type="checkbox"/> Attorney for Plaintiff | <input type="checkbox"/> Attorney for Defendant |