

**21<sup>ST</sup> DISTRICT COURT CALENDAR REQUEST & NOTICE OF HEARING  
DIVORCE AND SHOW CAUSE COURT**

\_\_\_\_\_ ]  
(PLAINTIFF)

[ \_\_\_\_\_ ]  
FILE NUMBER

VS.

\_\_\_\_\_ ]  
(DEFENDANT)

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**DIVORCE SHOW CAUSE COURT: MONDAY 2:00PM**

**DOMESTIC CASES ONLY: Check each line that applies to the type of motion:**

**(TO BE CLOCKED IN CLERK'S OFFICE ROOM 243)**

**MONDAY -DATE:** \_\_\_\_\_

**2:00PM**

**Courtroom 3A** [ \_\_\_\_\_ ]

**DIVORCE:** \_\_\_\_\_

**SHOW CAUSE:** \_\_\_\_\_

**MOTION TO WITHDRAW AS COUNSEL:** \_\_\_\_\_

**OTHER MOTIONS:** \_\_\_\_\_ [ \_\_\_\_\_ ] **ONLY SHORT MOTIONS 15 MINUTES OR LESS**

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**CERTIFICATE OF SERVICE**

[This is to certify that the undersigned has this date served this pleading upon all other parties to this cause by (\_\_\_\_) depositing a copy enclosed in a post office of official depository under the exclusive care and custody of the United States Postal Service. (\_\_\_\_) handing it to the attorney or to the party, leaving it at the attorney's office with a partner or employee. (\_\_\_\_) sending it to the attorney's office by a confirmed FAX receipt confirmation, or (\_\_\_\_) having the Sheriff serve the parties

STATE BAR NUMBER \_\_\_\_\_

ATTY.'S or PRO SE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER : \_\_\_\_\_

DATE OF SERVICE \_\_\_\_\_

FFS MEDIATOR \_\_\_\_\_ PLAINTIFF \_\_\_\_\_ DEFENDANT \_\_\_\_\_

LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PLAINTIFF \_\_\_\_\_ DEFENDANT \_\_\_\_\_

**CONTINUANCE REQUEST**  
**21<sup>ST</sup> DISTRICT COURT CALENDAR REQUEST & NOTICE OF HEARING**  
**DIVORCE AND SHOW CAUSE COURT**

\_\_\_\_\_  
(PLAINTIFF)

[ \_\_\_\_\_ ]  
FILE NUMBER

VS.

\_\_\_\_\_  
(DEFENDANT)

**NO FILING FEE**

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**DIVORCE SHOW CAUSE COURT: MONDAY 2:00PM**

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**(TO BE CLOCKED IN CLERK'S OFFICE ROOM 243)**

**MONDAY -DATE:** \_\_\_\_\_

**2:00PM**

**Courtroom 3A** [ \_\_\_\_\_ ]

**DIVORCE:** \_\_\_\_\_

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**OTHER MOTIONS:** \_\_\_\_\_ [ \_\_\_\_\_ ] **ONLY SHORT MOTIONS 15 MINUTES OR LESS**

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STATE BAR NUMBER \_\_\_\_\_

ATTY.'S or PRO SE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER : \_\_\_\_\_

\_\_\_\_\_  
DATE OF SERVICE

PLAINTIFF \_\_\_\_\_ DEFENDANT \_\_\_\_\_

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LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PLAINTIFF \_\_\_\_\_ DEFENDANT \_\_\_\_\_