

**FORSYTH COUNTY SUPERIOR COURT  
REQUEST TO CALENDAR**

\_\_\_\_\_  
(Plaintiff)  
  
V  
  
\_\_\_\_\_  
\_\_\_\_\_  
(Defendant)

**File No.:** \_\_\_\_\_  
**Requested Week:** \_\_\_\_\_  
(Date is Subject to Available Court Time)  
**Approximate Length of Hearing:** \_\_\_\_\_  
Special Circumstances: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU CONFERRED WITH ALL PARTIES INVOLVED AND AGREED THAT THE DATE YOU ARE REQUESTING ABOVE IS SATISFACTORY TO ALL PARTIES?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

ARE YOU REQUESTING?      \_\_\_\_\_ Trial      \_\_\_\_\_ Non-Jury Trial      \_\_\_\_\_ Motion

IF YOU CHECKED MOTION ABOVE, LIST TYPE(S) OF MOTION(S)?

- (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

**CERTIFICATE OF SERVICE**

This is to certify that the undersigned has this date served this request upon all other parties to this cause by depositing a copy hereof in a postpaid wrapper in a post office or official depository under the exclusive care and custody of the United States Post Office Department, properly addressed to the attorney or attorneys for said parties, or has otherwise properly served it in the following manner(s):

(Specify Here)  
YOUR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_

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

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

ARE YOU:      Plaintiff \_\_\_\_\_      Defendant \_\_\_\_\_

LIST BELOW OR ATTACH THE NAMES AND ADDRESSES OF THOSE SERVED:

ATTORNEY NAME/PARTY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

ATTORNEY NAME/PARTY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\*\*Calendar Request Schedule and Calendar Request Form are available at [www.ncfcc.us](http://www.ncfcc.us) or [www.nccourts.org](http://www.nccourts.org)\*\*

\*\*Please send your calendar request to Vicky Rogers, PO Box 20099, Winston Salem, NC 27120, fax (336-) 779-6335 or email, [vicky.d.rogers@nccourts.org](mailto:vicky.d.rogers@nccourts.org)\*\*