

**21<sup>ST</sup> DISTRICT COURT CALENDAR REQUEST & NOTICE OF HEARING**  
**GENERAL CIVIL OR CHAMBERS HEARINGS**

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

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

VS.

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

**NOTE:** IF AN INTERPRETER IS NEEDED FOR ANY CIVIL HEARING, CONTACT SELMA AHNERT BY EMAIL OR CELL **NO LATER** THAN THE WEEK PRIOR TO THE HEARING.  
[selma.ahnert@nccourts.org](mailto:selma.ahnert@nccourts.org) / cell: 336-529-8595

**CHILD CUSTODY MEDIATION**

YES  HAS BEEN THROUGH CHILD CUSTODY MEDIATION  
NO  HAS NOT BEEN THROUGH CCM- HAVE BEEN EXEMPT BY JUDGE

LOCAL RULE STATES THAT PARTIES **MUST COMPLETE** CHILD CUSTODY MEDIATION BEFORE CHAMBERS HEARING CAN BE SET **UNLESS EXEMPT** BY THE JUDGE:

ORIENTATION COURTROOM: \_\_\_\_\_ TIME: \_\_\_\_\_  
ORIENTATION DATE: \_\_\_\_\_

**CHAMBERS HEARINGS:** TUESDAY- CALENDAR CALL 9:00AM COURTROOM 4C

**Prior to the week requesting a hearing**

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

4-H  Every week CUSTODY DB & B SUPPORT VISITATION   
PSS  ALIMONY ATTY. FEES  CONTEMPT   
4-C  2<sup>nd</sup>, 3<sup>rd</sup>, & 4<sup>th</sup> weeks  
4-A  2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> weeks OTHER MOTION: \_\_\_\_\_

**ESTIMATED TIME OF HEARING:** \_\_\_\_\_

WEEK REQUESTING: \_\_\_\_\_ CALENDAR CALL DATE: \_\_\_\_\_  
**(REPORT TO COURTROOM 4-C AT 9:00 AM FOR CALENDAR CALL TUESDAY PRIOR TO WEEK REQUESTED)**

**GENERAL CIVIL -1<sup>st</sup> week ONLY** JURY:  NON-JURY:

**CALENDAR CALL:** MONDAYS (TUESDAYS IF MONDAY IS A HOLIDAY)

TIME: 9:30 AM TYPE OF MOTION: \_\_\_\_\_  
COURTROOM – 4C \_\_\_\_\_

**WEEK/MONTH REQUESTING GEN. CIVIL HEARING:** \_\_\_\_\_

**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 serves the parties

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

ATTY.’S or PRO SE NAME: \_\_\_\_\_

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

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

DATE OF SERVICE

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

LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:

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

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

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

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

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**NO FILING FEE FORM**

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(DEFENDANT)

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PSS [ ] ALIMONY[ ] ATTY. FEES [ ] CONTEMPT [ ]  
4-C [ ] 2<sup>nd</sup>, 3<sup>rd</sup>, & 4<sup>th</sup> weeks  
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