

**DISTRICT COURT CALENDAR REQUEST FORM AND NOTICE OF HEARING
EQUITABLE DISTRIBUTION AND
FAMILY FINANCIAL SETTLEMENTS
21ST JUDICIAL DISTRICT-FORSYTH COUNTY**

FILE NUMBER: [_____]

[_____]

PLAINTIFF

VS.

[_____]

DEFENDANT

COURTROOM: 4A

CALENDAR CALL-MONDAY AT 9:30AM

MOTION: _____

TYPE OF E.D. MOTION: _____

PRETRIAL: _____

TRIAL: _____

WEEK REQUESTING E.D. HEARING: _____

TIME LINE/DEADLINES FOR FFS-FAMILY FINANCIAL SETTLEMENTS

Inventory Affidavit by party asserting claim:	90 days from filing ED Claim	Yes [] No []
Responsive Affidavit by opposing party:	30 days from service of Affidavit	Yes [] No []
Designation/Appointment of Mediator	Prior to ISC	Yes [] No []
1 st Status/Scheduling/Discovery Conference – ISC:	120 days from filing action	Yes [] No []
Initial Pretrial Conference:	75 days from ISC	Yes [] No []
Complete Mediated Settlement Conference-ADRC:	150 days from ISC	Yes [] No []
MEDIATION: Settled: Yes [] No [] Partially Settled Yes [] No [] Impasse: Yes [] No []		
Final Pretrial Conference-FPTC:	30 days from ADRC	Yes [] No []
Non-Jury Trial-INJ:	30 days from FPTC	Yes [] No []
Entry of Order – EO:	30 days from hearing date	Yes [] No []

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this Calendar Request/Notice on all other parties to this action or his/her/their attorney by: [] depositing a copy enclosed in an envelope with sufficient postage, properly addressed to the party(ies), or his/her/their attorney(s), in a post office or official depository under the exclusive care/custody of the United States Postal Service. [] handing it to the party(ies) or attorney(s), or leaving it at the attorney(s)' office with a partner or employee. [] sending it to the attorney(s)' office by confirmed FAX receipt. [] having the Sheriff serve the party(ies).

DATE OF SERVICE: _____

ATTORNEY OR *PRO SE* NAME: _____ STATE BAR NUMBER _____

SIGNATURE: _____

ADDRESS: _____

PHONE NUMBER: _____

ATTORNEY FOR: PLAINTIFF _____ DEFENDANT _____

LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:

NAME: _____ ATTORNEY _____ PRO SE _____

ADDRESS: _____

PHONE NUMBER: _____ PLAINTIFF _____ DEFENDANT _____

**DISTRICT COURT CALENDAR REQUEST FORM AND NOTICE OF HEARING
EQUITABLE DISTRIBUTION AND
FAMILY FINANCIAL SETTLEMENTS
21ST JUDICIAL DISTRICT-FORSYTH COUNTY**

FILE NUMBER: [_____]

[_____]

NO FILING FEE

PLAINTIFF

(THIS HEARING WAS PLACED ON A CALENDAR

VS.

AND WAS NOT REACHED FOR HEARING)

[_____]

DEFENDANT

COURTROOM: 4A

CALENDAR CALL-MONDAY AT 9:30AM

MOTION: _____

TYPE OF E.D. MOTION: _____

PRETRIAL: _____

TRIAL: _____

WEEK REQUESTING E.D. HEARING: _____

TIME LINE/DEADLINES FOR FFS-FAMILY FINANCIAL SETTLEMENTS

Inventory Affidavit by party asserting claim:	90 days from filing ED Claim	Yes [] No []
Responsive Affidavit by opposing party:	30 days from service of Affidavit	Yes [] No []
Designation/Appointment of Mediator	Prior to ISC	Yes [] No []
1 st Status/Scheduling/Discovery Conference – ISC:	120 days from filing action	Yes [] No []
Initial Pretrial Conference:	75 days from ISC	Yes [] No []
Complete Mediated Settlement Conference-ADRC:	150 days from ISC	Yes [] No []
MEDIATION: <u>Settled: Yes [] No []</u> <u>Partially Settled: Yes [] No []</u> <u>Impasse: Yes [] No []</u>		
Final Pretrial Conference-FPTC:	30 days from ADRC	Yes [] No []
Non-Jury Trial-INJ:	30 days from FPTC	Yes [] No []
Entry of Order – EO:	30 days from hearing date	Yes [] No []

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this Calendar Request/Notice on all other parties to this action or his/her/their attorney(s) by: [] depositing a copy enclosed in an envelope with sufficient postage, properly addressed to the party(ies), or his/her/their attorney(s), in a post office or official depository under the exclusive care/custody of the United States Postal Service. [] handing it to the party(ies) or attorney(s), or leaving it at the attorney(s)' office with a partner or employee. [] sending it to the attorney(s)' office by confirmed FAX receipt. [] having the Sheriff serve the party(ies).

DATE OF SERVICE: _____

ATTORNEY OR *PRO SE* NAME: _____

STATE BAR NUMBER

SIGNATURE: _____

ADDRESS: _____

PHONE NUMBER: _____

ATTORNEY FOR: PLAINTIFF _____ DEFENDANT _____

LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:

NAME: _____ ATTORNEY _____ PRO SE _____

ADDRESS: _____

PHONE NUMBER: _____ PLAINTIFF _____ DEFENDANT _____