

CIVIL SUPERIOR COURTS OF JUDICIAL DISTRICT 39
CLEVELAND & LINCOLN COUNTIES

REQUEST TO CALENDAR CIVIL SUPERIOR COURT HEARING

County of _____
File No. _____

(Plaintiff)

VS.

Attorney/Party Requesting Hearing:

(Defendant) Requested Week for Hearing:
(date subject to available court time)

Have you conferred with ALL parties involved and agreed that the week you are requesting above is satisfactory to ALL parties? ____ YES ____ NO

Hearing Type: ____ Non-Jury Trial ____ Settlement Approval
____ Motion ____ Appeal
____ Minor Settlement ____ Discovery Scheduling Conference

Details of Checked Type Above (i.e Motion for Summary Judgment, Appeal of Clerks Order, etc.):

(1) _____ (2) _____
(3) _____ (4) _____

Estimated Amount of Time Needed for Hearing (both sides in total): _____

Contact Information for All Required Persons to Be Included on Remote Hearing/Video Conference:

(Name)	(E-Mail Address)	(Phone Number)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____