CALENDAR REQUEST FOR SUPERIOR COURT –			COUNTY
STATE OF NORTH CAROLINA	FILE NO.		
COUNTY	JU	RY NO	ON-JURY
	*		
Plaintiff(s)	*		
VS.	*	SESSION B	EGINNING:
	*		
Defendant(s)	*		
If Motion, specify type:			
Approximate hearing time: day(s) _	hour(s)	minutes	·
Have you conferred with all parties involved?		Yes	No.
Have all parties agreed to the requested date?		Yes	No.
Special Request			
This theday of	, 20		
	Attorney Name Address State Bar # Email/Phone		-

Copy to Court Coordinator: Kimberley.J.Hines@nccourts.org