

STATE OF NORTH CAROLINA COUNTY OF CUMBERLAND	File No.
IN THE GENERAL COURT OF JUSTICE DISTRICT COURT DIVISION	
Name Plaintiff	<b>DOMESTIC CASE NOTICE OF HEARING</b>
<b>vs.</b>	<input type="checkbox"/> MOTION <input type="checkbox"/> TRIAL <b>CALENDAR REQUEST</b>
Cumberland County Domestic Rule 4, 10,11, 12	
Name Defendant	File Date
Name of Domestic Case Manager	

**TO THE PARTIES AND THEIR ATTORNEY(S) OR RECORD:**  
The following date certain has been assigned for hearing of this matter in the above captioned case:

**NOTE: ALL DATES AND TIMES MUST BE RECEIVED THROUGH THE DOMESTIC CASE MANAGER**

NATURE OF HEARING		
Date of Motion/Trial	Time of Motion/Trial	<input type="checkbox"/> AM <input type="checkbox"/> PM
Estimated Length of Hearing		
Location of Hearing		Place of Hearing
<b>Cumberland County Courthouse 117 Dick Street Fayetteville, N.C.</b>		_____ <b>COURTROOM</b>

Date	Signature
	Address
<input type="checkbox"/> Plaintiff Attorney <input type="checkbox"/> Pro Se Plaintiff <input type="checkbox"/> Defendant Attorney <input type="checkbox"/> Pro Se Defendant	

**TO APPEAR ON THE CALENDAR, A COPY OF THIS NOTICE MUST BE PROVIDED TO THE DOMESTIC CASE MANAGER**

Copies of this Notice of Hearing have been provided to the Domestic Case Manager named above and served on the following by U.S. Mail, as required by law:

<b>(NOTE: THE ADDRESS OF ANY PRO SE PARTY IS REQUIRED BELOW.)</b>	Date Mailed
Name of Attorney/ or Pro Se Party	Name of Attorney/ or Pro Se Party
Address	Address

**NOTICE:** All counsel/ parties have a continuing obligation to notify the Family Court of any correction/addition/deletion of counsel.

Cumberland County Family Court Suite 211 P. O. Box 363, Fayetteville, N.C. 28302 (910-678-2929)

**Indicate all remaining claims pending:**

- |   |                                  |                                     |                              |                                  |
|---|----------------------------------|-------------------------------------|------------------------------|----------------------------------|
| <input type="checkbox"/> SUPPORT                | <input type="checkbox"/> CUSTODY | <input type="checkbox"/> VISITATION | <input type="checkbox"/> DBB | <input type="checkbox"/> DIVORCE |
| <input type="checkbox"/> EQUITABLE DISTRIBUTION | <input type="checkbox"/> ALIMONY | <input type="checkbox"/> OTHER      |                              |                                  |