| IN THE GENERAL C | COURT OF JUSTICE |
|------------------|------------------|
| SUPERIOR CO | OURT DIVISION |
| FILE NO: | CVS |

| | CALENDAR | REQUEST |
|---|---|---|
| |) | |
| PLAINTIFF |)))) | |
| |) | |
| |) | |
| | | |
| DEFENDANT |) | |
| | g requested | |
| Time of hearing: Estimated Length of H | learing: | |
| Have you conferred wi | th all parties involved? : | |
| Have all parties agreed | I to the requested date?: | _ |
| Location of Hearing: | Alamance County Superior Court | Civil |
| | 1 Court Square Graham, NC 27253 | |
| | Granam, NC 27233 | |
| Subject Matter for He | aring (List each Motion): | |
| Nature of Hearing: | | |
| ☐ Motion | | |
| ☐ Pretrial Hearing | | |
| ☐ Default ☐ Other Please evolution | in: | |
| □ Other. Thease expla | | |
| | CERTIFICATE (| |
| • | have on this date served this Calen ervice: \square US Postal Service \square I | dar Request in the above captioned case on ALL Hand Delivery |
| Name: | | **Use blank space to list additional parties served** |
| ☐ Plaintiff ☐ ☐ | Defendant \square Attorney \square Intervenor | |
| Address: | · | |
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| Talanhana: | | |
| | | This the, |
| Eman Address. | - | |
| | | Name: Plaintiff □ Defendant □ Attorney □ Interveno |
| | | Address: |
| | | |
| | | Telephone: |
| | *REQUIREI | O* Email Address: |