

NORTH CAROLINA

FORSYTH COUNTY

IN THE GENERAL COURT OF JUSTICE

DISTRICT COURT DIVISION

FILE NO. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff,

v.

\_\_\_\_\_  
Defendant.

**DISTRICT COURT**  
**CALENDAR REQUEST & NOTICE OF HEARING**

**10-Day Return Hearings**

**9:00 A.M. COURTROOM 3B**

DATE REQUESTED: \_\_\_\_\_

MOTION: \_\_\_\_\_

**REPORT TO COURTROOM 3C AT 9:00 A.M. ON THE DAY YOUR HEARING IS SCHEDULED**

**NOTE: If an interpreter is necessary for any civil hearing, please contact Selma Ahnert no later than the week prior to the hearing.**

**Email: [Selma.ahnert@nccourts.org](mailto:Selma.ahnert@nccourts.org) Telephone: 336-529-8595**

**CERTIFICATE OF SERVICE**

This is to certify that the undersigned has this date served this pleading upon all other parties to this cause by (\_\_\_\_) depositing a copy enclosed in a post office of official depository under the exclusive care and custody of the United States Postal Service. (\_\_\_\_) handing it to the attorney or to the party, leaving it the attorney's office with a partner or employee. (\_\_\_\_) sending it to the attorney's office by a confirmed FAX receipt confirmation, or (\_\_\_\_) having the Sheriff serve the parties.

STATE BAR NUMBER: \_\_\_\_\_

ATTY'S/PARTY'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PLAINTIFF \_\_\_\_\_ DEFENDANT \_\_\_\_\_

\_\_\_\_\_  
DATE OF SERVICE      SIGNATURE

LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_ DEFENDANT: \_\_\_\_\_

LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_ DEFENDANT: \_\_\_\_\_