NORTH CAROLINA IN THE GENERAL COURT OF JUSTICE 14TH JUDICIAL DISTRICT DISTRICT COURT DIVISION **DURHAM COUNTY** ____-CVD- ____ Plaintiff CALENDAR REQUEST -V-GENERAL CIVIL Defendant 1. IT IS HEREBY REQUESTED that the above matter be set for: □ Non-Jury Trial (Monday, 9:30 a.m. <u>Summary Ejectment Appeals Only</u>); To be held in Courtroom 6A on the 6th Floor ☐ **Motions Hearing** (Monday, 2:30 p.m.) Type of Motion: _____ Est. Presentation Time: $\Box 5-15 \Box 15-30 \Box 30-45 \Box 45+$ To be held in: Courtroom 6A on the 6th Floor □ Non-Jury Trial (Tuesday, 9:30 a.m.) ☐ **Jury Trial** (Tuesday, 9:30 a.m.) To be held in Courtroom 6A on the 6th Floor ☐ **Pre-Trial Conference** (Monday, 2:30 p.m.) ☐ **Minor Settlement** (Date and time TBD) To be held in Courtroom 6A on the 6th Floor To be held in Courtroom 6A on the 6th Floor. ☐ **Arbitration Hearing** (Date and time TBD) To be held in Courtroom M4 on the 3rd Floor 2. In my opinion, this matter will take _____min./hours to hear. (Please give best estimate) 3. Date Requested* *Contact District Court Administration by phone (919) 808-3018 for calendar dates and availability. 4. By submitting this Calendar Request I acknowledge: a. I will comply with N.C. Notice Requirements and Rules of Civil Procedure. b. All my necessary contact information appears on the original complaint or answer, or I have filed a Notice of Appearance with Civil Records Filing. c. I will contact the District Court Coordinator in writing if a settlement is reached prior to the Calendar Date Requested. This is the _____ day of _______, 20____. Submit Calendar Requests to: Name (Print):___ ☐ Plaintiff / Attorney or ☐ Defendant / Attorney District Court Coordinator 510 S. Dillard St., Ste. 9403 Phone #: Durham, NC 27701 Fax: 919-808-3038

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Email: