

CIVIL SUPERIOR COURTS OF JUDICIAL DISTRICT 39  
CLEVELAND & LINCOLN COUNTIES

---

**REQUEST TO CALENDAR CIVIL SUPERIOR COURT HEARING**

---

\*Return Completed Form to the Trial Court Administrator's Office at [DIST39.superiorhearings@nccourts.org](mailto:DIST39.superiorhearings@nccourts.org)\*

County of \_\_\_\_\_

File No. \_\_\_\_\_

\_\_\_\_\_  
(Plaintiff)

**Attorney/Party Requesting Hearing:**

VS.

\_\_\_\_\_  
(Defendant)

**Requested Week for Hearing:**  
*(date subject to available court time)*

**Have you conferred with ALL parties involved and agreed that the week you are requesting above is satisfactory to ALL parties?**     YES     NO

**Hearing Type:**     Non-Jury Trial     Settlement Approval  
                           Motion                            Appeal  
                           Minor Settlement     Discovery Scheduling Conference

**Details of Checked Type Above** (*i.e Motion for Summary Judgment, Appeal of Clerks Order, etc.*):

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

**Estimated Amount of Time Needed for Hearing** (*both sides in total*): \_\_\_\_\_

---

**Contact Information for All Required Persons to Be Included on Remote Hearing/Video Conference:**

<i>(Name)</i>	<i>(E-Mail Address)</i>	<i>(Phone Number)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____