ATTORNEY AVAILABILITY FORM

(NOT to be placed in court file)

JUDGE: _____

To submit availability for the upcoming domestic term, this form **MUST BE RECEIVED** by Judicial Staff **no later than 10:00 am on the Tuesday prior** to the scheduled domestic session. **Email to: Elizabeth.Hamrick@nccourts.org (Henderson)**

Attorney Information:

Name: _____

E-mail: _____

Cell phone: _____

Reason for Unavailability: _____

_____

Other: _____

_____

Term beginning: _____

**** Verify session length prior to submission ****

*Mark an **X** when you are **NOT** available during the Court term:*

Availability					
Times	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
9	x	x	x	x	x
9:30					
10					
10:30					
11					
11:30					
12					
2					
2:30					
3					
3:30					
4					

Cases							
Party Names	**File #**	**Opposing Counsel Name**	**Time Needed: 1 hour, 1/2 day, 1 day**	**Ready? Y/N**	**Custody Mediation complete?**	**Custody/ Visitation Agreement?**	**Agreed upon setting? If yes, list date & time in "Other"**