NORTH CAROLINA DAVIDSON COUNTY

- -

IN THE GENERAL COURT OF JUSTICE

DISTRICT COURT DIVISION FILE NO.

DISTRICT COURT

Plaintiff,

V.

Defendant.

CALENDAR REQUEST & NOTICE OF HEARING NOTE IF CONTINUANCE REQUEST (NO FEE)

CIVIL HEARINGS

**CHILD CUSTODY MEDIATION**

**PARTIES MUST COMPLETE CHILD CUSTODY MEDIATION BEFORE CUSTODY HEARING OR CHILD CUSTODY CONTEMPT MATTER CAN BE SET UNLESS EXEMPT BY THE JUDGE:**

**Have the parties completed mandatory child custody mediation?**

Date mediation was completed:

**If mediation not completed:**

YES[ ] NO[ ].

Date mediation orientation is scheduled: -------- Date mediation is scheduled: --------

**Have the parties been exempted from mandatory child custody mediation?** YES[\_] NO[ ]

DATE REQUESTING:

ASSIGNED JUDGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURTROOM: [ ]  10 [ ]  \_\_\_\_\_\_\_\_ Special session

APPROXIMATE TIME NEEDED FOR HEARING: ----

Check each line that applies to the scheduled motion(s):

CUSTODY [ ] TEMPORARY CUSTODY

CHILD SUPPORT [ ] FEES

PSS [ ] ALIMONY

[\_]

[\_]

[\_]

VISITATION [\_]

SUMMARY JUDGMENT [\_]

DIVORCE [\_]

CONTEMPT [\_] OTHER [ ] \_

**CERTIFICATE OF SERVICE**

This is to certify that the undersigned has this date served this pleading upon all other parties to this cause in accordance with Rule Five of Civil Procedure 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\_. 1 )

STATE BAR NUMBER: ATTY'S/PARTY'S NAME: ADDRESS:

sending it to the attorney's office by a confirmed FAX receipt confirmation, ( .' sending to the attorney's email address of record with the court or

to the party's email with the party's consent to receive service via email attached if not already filed with the court, or ( 1 having the Sheriff serve the parties.

TELEPHONE NUMBER:

EMAIL ADDRESS:

PLAINTIFF DEFENDANT

DATE OF SERVICE SIGNATURE

I CERTIFY THAT I HAVE NOT ALREADY SCHEDULED THE ABOVE ON

ANOTHER FUTURE DATE: (signature)

Pursuant to Local Rules: Short hearings shall take thirty minutes or less to be completed, will be set for the first day of a civil session. Pro se cases will also be set for the first day of a civil session.

Pursuant to Local Rules: Long hearings shall be for cases that will take one hour or longer to be heard and must have court approval prior to the filing of this document.

**NOTE: If an interpreter is necessary for any civil hearing, please complete the form found at** [https://www.nccourts.gov/request](http://www.nccourts.gov/request)­ for-spoken-foreign-language-court-interpreter **at least ten days prior to the hearing.**

LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED: LIST BELOW THE NAME AND ADDRESS OF THOSE SERVED:

NAME: NAME:

STREET ADDRESS: STREET ADDRESS:

CITY/STATE/ZIP: CITY/STATE/ZIP:

PHONE NUMBER: PHONE NUMBER:

EMAIL ADDRESS: EMAIL ADDRESS:

FAX NUMBER: FAX NUMBER:

PLAINTIFF: DEFENDANT: PLAINTIFF: DEFENDANT:

**TCC Approval:**