

**ONslow COUNTY CALENDARING REQUEST (UNCONTESTED DIVORCE) and  
NOTICE OF HEARING TO OPPOSING PARTY**

STATE OF NORTH CAROLINA  
ONslow COUNTY

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plaintiff(s)  
VS

\_\_\_\_\_

Plaintiff's Attorney

\_\_\_\_\_

\_\_\_\_\_

Defendant's Attorney

\_\_\_\_\_

Defendant(s)

1. Session Date: \_\_\_\_\_
2. Uncontested Divorce
3. Estimated Court Time Needed for Hearing: \_\_\_\_\_

**CALENDAR REQUEST:** *The undersigned certifies that the information herein is true, that the issues calendared are ready to be heard, and that the undersigned is prepared to proceed on the date requested. It is therefore requested that the issues listed be calendared during the court session designated above.*

**NOTICE OF HEARING:** *Notice is given that the opposing party may appear if he or she so desires, but that the undersigned will proceed to have this matter heard regardless of whether the opposing party appears.*

**CERTIFICATE OF SERVICE:** *The undersigned certifies that a copy of this document has this day been served on the opposing party/counsel for the opposing party by depositing the same in the United States Mail, postage prepaid and addressed as set forth below, or by hand delivery, and that a copy has been furnished to the Onslow County District Court Judges' Office.*

Name and Address of Opposing Counsel or pro se party:

\_\_\_\_\_  
(Signature of Attorney or pro se party making request)

\_\_\_\_\_

\_\_\_\_\_  
(Phone # of person making request)

\_\_\_\_\_  
(Date)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Address of person making request)

**MAIL, FAX OR E-MAIL THE DISTRICT COURT JUDGES' OFFICE'S COPY TO:**  
District Court Judges' Office, Onslow County Courthouse, 625 Court Street, Jacksonville, NC 28540-4797 Telephone: (910) 478-3612, Fax (910) 478-3613. [dist05.districtcourtjudgesoffice@nccourts.org](mailto:dist05.districtcourtjudgesoffice@nccourts.org)