

**FORSYTH SUPERIOR COURT  
REQUEST TO CALENDAR**

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

\_\_\_\_\_  
(PLAINTIFF)

Vs.

\_\_\_\_\_  
(DEFENDANT)

WEEK YOU ARE REQUESTING: \_\_\_\_\_

APPROXIMATE HEARING TIME \_\_\_\_\_

HAVE YOU CONFERRED WITH ALL PARTIES INVOLVED AND AGREED THAT THE DATE YOU ARE REQUESTING ABOVE IS SATISFACTORY TO ALL PARTIES? \_\_\_\_ Yes \_\_\_\_ NO

ARE YOU REQUESTING? \_\_\_\_ TRIAL \_\_\_\_ JURY NON-JURY  
\_\_\_\_ MOTION (Indicate Type Below)

IF YOU CHECKED MOTION ABOVE, WHAT TYPE OF MOTION(S)?

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

**CERTIFICATE OF SERVICE**

This is to certify that the undersigned has this date served this request upon all other parties to this cause by depositing a copy hereof in a postpaid wrapper in a post office or official depository under the exclusive care and custody of the United States Post Office Department, properly addressed to the attorney or attorneys for said parties, or has otherwise properly served it in the following manner(s):  
(Specify here)

YOUR NAME: \_\_\_\_\_ DATE \_\_\_\_\_

SIGN YOUR NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ARE YOU: Plaintiff \_\_\_\_ Defendant \_\_\_\_

LIST BELOW OR ATTACH THE NAMES AND ADDRESSES OF THOSE SERVED:

NAME: ATTORNEY FOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: ATTORNEY FOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_