

NORTH CAROLINA
COUNTY OF WAKE

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
FILE NO. _____

Assigned Judge: _____

| |
|----------------------|
| _____, Plaintiff, |
| v. |
| _____, Defendant. |

**AFFIDAVIT FOR JUDICIAL
ASSIGNMENT AND
NOTICE OF HEARING**

The undersigned certifies the following:

1. That I am the Plaintiff/Plaintiff's attorney Defendant/Defendant's attorney in this matter.
2. That the attached Complaint Answer/Counterclaim Motion in the Cause Motion for Order to Show Cause is:
 - A newly filed action/matter.
 - A filing in which there is a pending action involving the same parties or family in this District.
 - A filing in which there is a resolved action involving the same parties or family in this District.
 - A filing in which there is a pending or resolved action involving the same parties or family in other districts in North Carolina or another state.
 - A Motion for Order to Show Cause for violation of a Domestic Violence Protective Order.
3. Wake County District Court Judge _____ is or was the assigned judge in a pending or prior civil action in this District involving the same parties and/or family members (including either parties' children) and/or related family issues.
4. That the issue(s) in this Complaint/Answer/Counterclaim/Motion in the Cause/Motion to Show Cause is/are: *(check all that apply)*

| | | |
|--|---|---|
| <input type="checkbox"/> Custody | <input type="checkbox"/> Child Support | <input type="checkbox"/> Divorce from Bed & Board |
| <input type="checkbox"/> Post-Separation Support | <input type="checkbox"/> Alimony | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Equitable Distribution | <input type="checkbox"/> Interim Distribution | <input type="checkbox"/> Attorneys' Fees |
| <input type="checkbox"/> Other: _____ | | |
5. An interpreter is needed to be present for court proceedings.
 YES NO
If yes, what language(s) does the party speak? _____

This the _____ day of _____, 20_____.

| | |
|---|---|
| <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |
| <input type="checkbox"/> Attorney for Plaintiff | <input type="checkbox"/> Attorney for Defendant |

Daytime Telephone Number: _____

Email Address: _____

NOTICE OF HEARING

PLEASE TAKE NOTICE THAT a hearing has been scheduled in this matter on the date and time indicated below, or as soon thereafter as the Court can hear this matter, in the courtroom indicated.

| FAMILY COURT COMPLETES THIS BOX | | | |
|--|-------------|-------------|------------------|
| <i>Judge Assigned:</i> <input type="checkbox"/> Denning <input type="checkbox"/> Hamadani <input type="checkbox"/> Walczyk <input type="checkbox"/> Worley <input type="checkbox"/> Other: _____ | | | |
| <input type="checkbox"/> Temporary Hearing for Custody | Date: _____ | Time: _____ | Courtroom: _____ |
| <input type="checkbox"/> Temporary Hearing for Child Support | Date: _____ | Time: _____ | Courtroom: _____ |
| <input type="checkbox"/> Post-Separation Support | Date: _____ | Time: _____ | Courtroom: _____ |
| <input type="checkbox"/> Scheduling and Discovery Conference (ED) | Date: _____ | Time: _____ | Room 1112 |
| <input type="checkbox"/> Other: _____ | Date: _____ | Time: _____ | Courtroom: _____ |
| FCCC: _____ | | Date: _____ | |

CERTIFICATE OF SERVICE

I hereby certify that a copy of this Affidavit for Judicial Assignment and Notice of Hearing has been served on the opposing party/counsel in the following manner:

By depositing a copy in the US Mail in a properly addressed, postpaid envelope to: _____

By hand delivery to: _____

By facsimile to: _____ Fax No.: _____

Other: _____

Date: _____

- | | |
|---|---|
| <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |
| <input type="checkbox"/> Attorney for Plaintiff | <input type="checkbox"/> Attorney for Defendant |