

PLEASE COMPLETE THIS FORM AND SUBMIT TO:

dutyjudg@vbgov.com

Duty Judge Motion Docket Hearing Request

Date this request submitted: _____ **Name of Person sending in request:** _____

Type of Specific Motion(s) to be heard: _____

Case No.: CL _____

Style of Case: _____ **v.** _____

OR
In Re: _____

Plaintiff' Counsel: _____ (Check box by party submitting this request)

Defendant's Counsel: _____

GAL: _____

Pro Se Party: _____

REQUESTED HEARING DATE: _____ (Must be agreed to by all counsel and any *pro se* litigants)

TIME REQUESTED: _____ a.m.
 p.m.

LENGTH OF HEARING: 15 min. 30 min. 1 hour
(Not to Exceed One Hour)

E-Mail Address for Confirmation from Court: _____

FOR COURT USE ONLY

Date: _____

Hearing set/approved by : _____
Judicial Assistant