

# LAKESWOOD MUNICIPAL COURT

\_\_\_\_\_  
Name )  
\_\_\_\_\_  
Street Address )  
\_\_\_\_\_  
City State Zip Code )  
Plaintiff(s) )  
**vs.** )  
\_\_\_\_\_  
Name )  
\_\_\_\_\_  
Street Address )  
\_\_\_\_\_  
City State Zip Code )  
Defendant(s) )

Judge Patrick Carroll

Case No. \_\_\_\_\_

## NIGHT COURT DESIGNATION FORM

### RESPONSE TO COURT SCHEDULING REQUEST

### NOTICE OF HEARING

This case has been scheduled for hearing on \_\_\_\_\_, at \_\_\_\_\_ A.M./P.M. If you request that this hearing be transferred to the day/night session of the Court, this form must be completed and returned to the Court within five (5) days from receipt. If the completed form is not returned to the Court within the five (5) day limit, the case will proceed as scheduled above.

I, the Plaintiff/Defendant in this case, object to the scheduling of the hearing for the day/night Court Session for the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Note: Failure to timely object to the request by the opposing party will result in the waiver of any objection to the scheduling of the case for hearing.