

STATE OF NORTH CAROLINA **FILED** IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
JOHNSTON COUNTY 2021 SEP 23 P 2:28 FILE NUMBER: 21 R 478

JOHNSTON CO., C.S.C.

BY 

**ADMINISTRATIVE ORDER
REGARDING MEDICAL MALPRACTICE ACTIONS**

IT APPEARING to the Court that on June 18, 2021, the Governor of North Carolina signed into law Session Law 2021-47 (SB 255) (hereinafter, the "Act"). Section 1.(b) of the Act establishes a new procedure for the assignment of medical malpractice cases brought in the Superior Court Division.

Section 1.(b) of the Act amends N.C.G.S. § 7A-47.3 to add a new subsection (e) as follows:

(e) The senior resident superior court judge, in consultation with the parties to the case, shall designate a specific resident judge or a specific judge assigned to hold court in the district to preside over all proceedings in a case subject to G.S. 90-21.11(2).

The requirements of N.C.G.S. § 7A-47.3(e) become effective October 1, 2021 for all medical malpractice cases filed on or after October 1, 2021 and for all medical malpractice actions pending on October 1, 2021.

Therefore, it is hereby **ORDERED** that, effective October 1, 2021, pursuant to the provisions of N.C.G.S. § 7A-47.3(e), the Senior Resident Superior Court Judge will designate a specific judge to hold court in Judicial District 11B to preside over all proceedings in a case subject to N.C.G.S. § 90-21.11(2), according to the following procedure:

1. For all medical malpractice cases filed on or after October 1, 2021, or pending on October 1, 2021, the parties must file a Medical Malpractice Case Notification and Consultation Form with the Johnston County Clerk of Superior Court upon the filing of a responsive pleading or motion requiring a determination by a superior court judge, whichever occurs first.

2. A copy of the Medical Malpractice Case Notification and Consultation Form shall be submitted either by email or regular mail to the Trial Court Coordinator on the date the form is filed for review by the Senior Resident Superior Court Judge. If the parties are unable to agree on the content of the Medical Malpractice Case Notification and Consultation Form, each party may submit a separate form.

3. In the interest of efficient case management, any attorney or unrepresented party who fails to file and submit the Medical Malpractice Case Notification and Consultation Form in accordance with these procedures, absent good cause, will be considered by the Court to have waived any objections to the proposed and requested dates and judges.

4. In requesting a superior court judge to preside over all proceedings in the case, the parties must contact the judge and obtain that judge's agreement to be assigned to hear all proceedings in the case.

5. In assigning a specific superior court judge to hear all proceedings in the case, the Senior Resident Superior Court Judge will consider, but is not bound by, the judge) requested by the parties.

6. The Trial Court Coordinator shall notify the parties of the judicial assignment.

This the 23^d day of September, 2021.



THOMAS H. LOCK
SENIOR RESIDENT SUPERIOR COURT JUDGE
JUDICIAL DISTRICT 11B

STATE OF NORTH CAROLINA	File No. _____
Johnston County	In the General Court of Justice Superior Court Division
Name of Plaintiff(s) 	MEDICAL MALPRACTICE CASE NOTIFICATION AND CONSULTATION
VERSUS	
Name of Defendant(s) 	
NOTE: Parties in all Johnston County Superior Court medical malpractice actions subject to N.C.G.S. § 90-21.11(2) are required to complete and file this form upon the filing of a responsive pleading or motion requiring a determination by a superior court judge, whichever occurs first. After filing with the Johnston County Clerk of Superior Court, the parties shall deliver a copy of this form by email or regular mail to the Trial Court Coordinator. Failure to comply with the 11B Judicial District Administrative Order Regarding Medical Malpractice Actions, absent good cause, will be considered a waiver of any objections to the proposed and requested trial dates and judges. Submission of this form to the Court constitutes consultation with the Senior Resident Superior Court Judge.	
In accordance with the requirements of N.C.G.S. § 7A-47.3(e) and the 11B Judicial District Administrative Order Regarding Medical Malpractice Actions, the parties submit this completed form for review by the Senior Resident Superior Court Judge.	
<p>(1) Select one:</p> <p><input type="checkbox"/> The agreed-upon information herein is jointly submitted by the parties to this action.</p> <p><input type="checkbox"/> The information herein is submitted by the Plaintiff(s) only; a copy has been delivered to Defendant(s).</p> <p><input type="checkbox"/> The information herein is submitted by the Defendant(s) only; a copy has been delivered to Plaintiff(s).</p> <p>(2) Date Case Filed: _____</p> <p>(3) Anticipated length of trial: _____</p> <p>(4) Proposed trial dates: _____</p> <p>(5) Available dates in the next 60 days for the medical practice discovery conference: _____</p> <p>(6) Select one:</p> <p><input type="checkbox"/> All parties voluntarily agree to waive venue for hearing pretrial motions.</p> <p><input type="checkbox"/> The Plaintiff(s) voluntarily agree to waive venue for hearing pretrial motions.</p> <p><input type="checkbox"/> The Defendant(s) voluntarily agree to waive venue for hearing pretrial motions.</p> <p>(7) Requested superior court judge for assignment to preside over all proceedings in this case and his/her judicial district:</p> <p>Judge _____ (District #: _____)</p> <p style="padding-left: 40px;">Confirmation required: <input type="checkbox"/> has been consulted / <input type="checkbox"/> is agreeable to assignment.</p> <p>Judge _____ (District #: _____)</p> <p style="padding-left: 40px;">Confirmation required: <input type="checkbox"/> has been consulted / <input type="checkbox"/> is agreeable to assignment.</p> <p>NOTE: In assigning a superior court judge, the senior resident superior court judge may consider, but is not bound by, the judges requested by the parties.</p>	
Submitted by:	
<input type="checkbox"/> Self-Represented Plaintiff	<input type="checkbox"/> Plaintiff's Attorney
<input type="checkbox"/> Self-Represented Defendant	<input type="checkbox"/> Defendant's Attorney
Signature: _____	Signature: _____
Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
Phone Number: _____	Phone Number: _____
Email Address: _____	Email Address: _____

Attach additional sheets as necessary to include names and contact information of all attorneys and self-represented litigants.