

**STATE OF NORTH CAROLINA**

File No.

\_\_\_\_\_ County

In the General Court of  
Justice Superior Court  
Division

Name of Plaintiff(s)

**VERSUS**

Name of Defendant(s)

**MEDICAL MALPRACTICE CASE  
NOTIFICATION AND CONSULTATION**

**NOTE:** Parties in Davidson and Davie 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 appropriate Clerk of Superior Court, the parties shall deliver a copy of this form by email to the Superior Court Judge's Office. Failure to comply with the **22B Judicial District Civil Superior Court Local Rules Regarding Medical Malpractice Actions**, absent good cause, will be considered a waiver of any objections to the proposed and requested trial dates and judges. This form serves as notification to and consultation with the Senior Resident Superior Court Judge.

In accordance with the requirements of N.C.G.S. § 7A-47.3(e) and the **22B Judicial District Civil Superior Court Local Rules Regarding Medical Malpractice Actions**, the parties must submit this completed form for review by the Senior Resident Superior Court Judge.

Select one:

- The agreed-upon information herein is jointly submitted by the parties to this action.
- The information herein is submitted by the Plaintiff(s) only; a copy has been delivered to Defendant(s).
- The information herein is submitted by the Defendant(s) only; a copy has been delivered to Plaintiff(s).

Date Case Filed: \_\_\_\_\_.

Anticipated length of trial: \_\_\_\_\_.

Proposed trial dates: \_\_\_\_\_.

Available dates in the next 60 days for the medical practice discovery conference: \_\_\_\_\_.

Select one:

- All parties voluntarily agree to waive venue for hearing pretrial motions.
- The Plaintiff(s) voluntarily agree to waive venue for hearing pretrial motions
- The Defendant(s) voluntarily agree to waive venue for hearing pretrial motions.

Requested superior court judge for assignment to preside over all proceedings in this case and his/her judicial district:

Judge \_\_\_\_\_ (District # \_\_\_\_\_)

Confirmation required:  has been consulted /  is agreeable to assignment.

**NOTE:** In assigning a superior court judge, the senior resident superior court judge may consider, but is not bound by, the judge requested by the parties.

Submitted by:

Self-Represented Plaintiff       Plaintiff's Attorney       Self-Represented Defendant       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.