

STATE OF NORTH CAROLINA		File No. _____	
MECKLENBURG 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) 			
<p>NOTE: For all medical malpractice cases filed in Mecklenburg County on or after October 1, 2021, upon the filing of any responsive pleading or any motion that requires any sort of decision or determination by a superior court judge, whichever occurs first, the parties shall complete and file this form with the Mecklenburg County Clerk of Court (using the code and description of NOTINT Notice of Intent for electronic filings). A copy of this form shall be submitted by email to the Trial Court Administrator's (TCA) Office at Mecklenburg.MedMal@nccourts.org 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 this form, each party may submit a separate form. In the interest of efficient case management, any party who fails to file and submit this 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.</p>			
<p>In accordance with the requirements of N.C.G.S. § 7A-47.3(e) and the 26th Judicial District Administrative Order Regarding Assignment of Medical Malpractice Cases, the parties submit this completed form for review by the Senior Resident Superior Court Judge.</p> <p>(1) Select one: <input type="checkbox"/> The agreed-upon information herein is jointly submitted by the parties to this action. <input type="checkbox"/> The information herein is submitted by the Plaintiff(s) only; a copy has been delivered to Defendant(s). <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: <input type="checkbox"/> All parties voluntarily agree to waive venue for hearing pretrial motions. <input type="checkbox"/> The Plaintiff(s) voluntarily agree to waive venue for hearing pretrial motions <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 their judicial district: Judge _____ (District # _____) If confirmation required: <input type="checkbox"/> has been consulted / <input type="checkbox"/> is agreeable to assignment. Judge _____ (District # _____) If 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 judge(s) requested by the parties.</p>			
Submitted by: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 48%;"> <input type="checkbox"/> Self-Represented Plaintiff <input type="checkbox"/> Plaintiff's Attorney </div> <div style="width: 48%;"> <input type="checkbox"/> Self-Represented Defendant <input type="checkbox"/> Defendant's Attorney </div> </div>			
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.