

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: Parties in all Superior Court medical malpractice actions subject to N.C.G.S. § 90-21.11(2) filed in the 26th Judicial District 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 Mecklenburg County Clerk of Superior Court, the parties shall deliver a copy of this form by regular mail or email to the Trial Court Administrator at Mecklenburg.MedMal@nccourts.org. Failure to comply with the 26th Judicial District Administrative Order Regarding Assignment of Medical Malpractice Cases, absent good cause, will be considered a waiver of any objections to the proposed and assigned trial dates and judges. Submission of this form to the Court constitutes consultation with the Senior Resident Superior Court Judge.</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:</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 their judicial district:</p>	
<p>Judge _____ (District # _____)</p> <p style="padding-left: 40px;">If 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;">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>	
<p>Submitted by:</p> <p><input type="checkbox"/> Self-Represented Plaintiff <input type="checkbox"/> Plaintiff's Attorney <input type="checkbox"/> Self-Represented Defendant <input type="checkbox"/> Defendant's Attorney</p>	
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.