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| STATE OF NORTH CAROLINA | <i>File No.</i> |
| <input type="checkbox"/> ALEXANDER / <input type="checkbox"/> IREDELL County | In The General Court Of Justice Superior Court Division |
| <i>Name of Plaintiff(s)</i> | MEDICAL MALPRACTICE CASE NOTIFICATION AND CONSULTATION |
| VERSUS | |
| <i>Name of Defendant(s)</i> | |
| NOTE: Parties in all Alexander and Iredell 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 Clerk of Superior Court, the parties shall deliver a copy of this form by E-mail to the Superior Court Manager . Failure to comply with the requirements of N.C.G.S. § 7A-47.3(e), absent good cause, will be considered a waiver of objections to the proposed and selected trial dates and judges. This form serves as notification to, and consultation with, the Senior Resident Superior Court Judge. | |
| <p>In accordance with the requirements of N.C.G.S. § 7A-47.3(e), the parties have consulted and 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) Proposed Trial Dates and Estimated Length of Trial: _____; _____ Days.</p> <p>(4) Available dates within the next 60 days for a remote medical practice discovery conference: _____.</p> <p>(5) 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>(6) Suggested superior court judge(s) and district for assignment to preside over all proceedings in this case:</p> <p>Judge _____ (District _____) Select one: Judge <input type="checkbox"/> has been consulted / <input type="checkbox"/> agrees to assignment.</p> <p>Judge _____ (District _____) Select one: Judge <input type="checkbox"/> has been consulted / <input type="checkbox"/> agrees to assignment.</p> <p>NOTE: Up to two superior court judges per party may be proposed. Parties are encouraged to select from judges who are assigned to Judicial District 22A, per the Superior Court Master Calendar during the spring or fall rotation in which the case is expected to be tried, and should consult with the preferred judge(s) to determine availability. In assigning a superior court judge, the senior resident superior court judge may consider, but is not bound by, the judge(s) suggested by the parties. The assigned judge will preside over all proceedings 150 days after the case filing, pursuant to G.S. § 7A-47.3(e).</p> | |
| Submitted by: | |
| <input type="checkbox"/> Self-Represented Plaintiff(s) | <input type="checkbox"/> Attorney(s) for Plaintiff(s) |
| <input type="checkbox"/> Self-Represented Defendant(s) | <input type="checkbox"/> Attorney(s) for Defendant(s) |
| <i>Name(s):</i> | <i>Signature(s):</i> |
| <i>Name(s):</i> | <i>Signature(s):</i> |
| <i>Mailing Address(es):</i> | <i>Mailing Address(es):</i> |
| <i>Phone Number(s):</i> | <i>Phone Number(s):</i> |
| <i>Email Address(es):</i> | <i>Email Address(es):</i> |

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