

STATE OF NORTH CAROLINA

FILE NO.: _____

HALIFAX 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 all Halifax County Judicial District Superior Court medical malpractice actions subject to N. C. G. S. § 90-21.11(s) are required to complete and file this form upon the filing of a responsible pleading or motion requiring a determination by a superior court judge, whichever occurs first. After filing with the Halifax County Clerk of Superior Court, the parties shall deliver a copy of this form by email or regular mail to the Superior Court Coordinator. Failure to comply with the 6A Judicial District Administrative Order Regarding Medical Malpractice Actions, absent good cause, will be considered a waiver of any objections to the proposed and required trial dates. 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€ and the 6A Judicial District Administrative Order Regarding Medical Malpractice Actions, the parties submit this completed form for review by the Senior Resident Superior Court Judge.

(1) 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 the Plaintiff(s).

(2) Date Case Filed: _____

(3) Anticipated length of trial: _____

(4) Proposed trial dates: _____

(5) Available dates in the next 60 days for the medical practice discovery conference:

(6) 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.

(7) 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.

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(s) requested by the parties.

Submitted by:

_____ Self-Represented Plaintiff _____ Plaintiff's Attorney

Signature: _____

Name: _____

Mailing Address: _____

Phone Number.: _____

Email Address: _____

_____ Self-Represented Defendant _____ Defendant's Attorney

Signature: _____

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____