

STATE OF NORTH CAROLINA	<small>File No.</small>
_____ COUNTY	In the General Court of Justice Superior Court Division
<small>Name of Plaintiff(s)</small>	MEDICAL MALPRACTICE CASE NOTIFICATION AND CONSULTATION
VERSUS	
<small>Name of Defendant(s)</small>	
NOTE: Parties in all Ninth Judicial District 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 County Clerk of Superior Court, the parties shall deliver a copy of this form by email or regular mail to the Trial Court Coordinator. Failure to comply with the 9th Judicial District Administrative Order Regarding Medical Malpractice Actions , absent good cause, will be considered a waiver of any objections to the proposed and requested trial dates and judges. 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(e) and the 9th Judicial District Administrative Order Regarding Medical Malpractice Actions , the parties submit this completed form for review by the Senior Resident Superior Court Judge.	
<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 his/her judicial district:</p> <p>Judge _____ (District # _____)</p> <p style="padding-left: 40px;">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;">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 judges requested by the parties.</p>	
Submitted by:	
<input type="checkbox"/> Self-Represented Plaintiff	<input type="checkbox"/> Plaintiff's Attorney
<input type="checkbox"/> Self-Represented Defendant	<input type="checkbox"/> Defendant's Attorney
<small>Signature:</small>	<small>Signature:</small>
<small>Name:</small>	<small>Name:</small>
<small>Mailing Address:</small>	<small>Mailing Address:</small>
<small>Phone Number:</small>	<small>Phone Number:</small>
<small>Email Address:</small>	<small>Email Address:</small>

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