

<b>STATE OF NORTH CAROLINA</b>	<i>File No.</i>
_____ County	In the General Court of Justice Superior Court Division
<i>Name of Plaintiff(s)</i>	<b>MEDICAL MALPRACTICE CASE NOTIFICATION AND CONSULTATION</b>
<b>VERSUS</b>	
<i>Name of Defendant(s)</i>	
<p><b>NOTE:</b> Parties in all Greene and Lenoir 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 appropriate Clerk of Superior Court, the parties shall deliver a copy of this form by mail or email to the Trial Court Coordinator. Failure to comply with the <b>8A Judicial District Administrative Order Regarding Medical Malpractice Actions</b>, 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.</p>	
<p>In accordance with the requirements of N.C.G.S. § 7A-47.3(e) and the <b>8A Judicial District Administrative Order Regarding Medical Malpractice Actions</b>, 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 his/her judicial district:</p> <p>Judge _____ (District # _____)</p> <p style="text-align: center;">Confirmation required: <input type="checkbox"/> has been consulted / <input type="checkbox"/> is agreeable to assignment.</p> <p><b>NOTE:</b> In assigning a superior court judge, the senior resident superior court judge may consider, but is not bound by, the judge 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
<i>Signature:</i>	<i>Signature:</i>
<i>Name:</i>	<i>Name:</i>
<i>Mailing Address:</i>	<i>Mailing Address:</i>
<i>Phone Number:</i>	<i>Phone Number:</i>
<i>Email Address:</i>	<i>Email Address:</i>

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