

NORTH CAROLINA	FILE NO.
CABARRUS 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)	

NOTE: Parties in all Cabarrus 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 email to the Trial Court Coordinator. Failure to comply with the Judicial District 19A Procedures: Assignment of Medical Malpractice Actions, absent good cause, will be considered a waiver of any 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.

In accordance with the requirements of N.C.G.S. § 7A-47.3(e) and the Judicial District 25 (Formerly 19A) Procedure: Assignment of Medical Malpractice Actions, the parties consulted and 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 Plaintiff(s). (2) Date Case Filed: _____. (3) Proposed Trial Dates: _____. (4) Anticipated Length of Trial: _____. (5) Available dates in the next 60 days for the discovery scheduling conference, which may be held remotely: _____. (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) Suggested superior court judge(s) for assignment to preside over all proceedings in this case and his/her judicial district: Judge _____ (District # _____) Select one: ___ has agreed to assignment / ___ has not been consulted. Judge _____ (District # _____) Select one: ___ has agreed to assignment / ___ has not been consulted.	
NOTE: Parties are encouraged to select from the resident judges and judges who are assigned to the Judicial District 25 per the Superior Court Master Calendar during the spring or fall rotation in which they expect the case to be tried, or a judge in the Fourth Judicial Division, and must consult with their suggested judges to determine their availability. In assigning a superior court judge, the senior resident superior court judge may consider, but is not bound by, the judges suggested by the parties.	
Submitted by: ___ Self-Represented Plaintiff ___ Plaintiff's Attorney ___ Self-Represented Defendant ___ Defendant's Attorney	

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.