STATE OF NORTH CAROLINA Wake County	File No.
	In The General Court Of Justice Superior Court Division

Name of Plaintiff(s)	
VERSUS	**MEDICAL MALPRACTICE CASE** **NOTIFICATION AND CONSULTATION**
Name of Defendant(s)	

NOTE: *Parties in all Wake 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 Administrator. Failure to comply with the 10th Judicial District Policy for the Assignment of Judges for 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 **10th Judicial District Policy for the Assignment of Judges for 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 and Estimated Length of Trial: _____; _____Days.

(4) Available dates in the next 30 days for the remote medical practice discovery conference: _____.

(5) 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.

(6) Suggested superior court judge(s) for assignment to preside over all proceedings in this case and his/her judicial district:

  Judge _____ (District # _____)   Select one: Judge ☐ has been consulted / ☐ has not been consulted.

  Judge _____ (District # _____)   Select one: Judge ☐ has been consulted / ☐ has not been consulted.

  NOTE: *Up to two superior court judges per party may be proposed. Parties are encouraged to select from the judges who are assigned to the 10th Judicial District per the Superior Court Master Calendar during the spring or fall rotation in which they expect the case to be tried and should consult with their preferred 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.