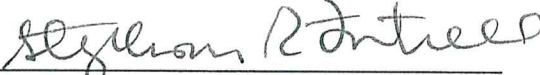


- II. A copy of the MedMal form shall be submitted either by email or regular mail to the Trial Court Manager on the date the form is filed, for review by the Senior Resident Superior Court Judge. If parties are unable to agree on the content of the MedMal Form, each party may submit a separate MedMal Form.
- III. In the interest of efficient case management, any attorney or unrepresented party who fails to file and submit the MedMal Form in accordance with these procedures, absent good cause, will be considered by the Court to have waived any objections to the proposed and requested dates and judges.
- IV. In requesting a superior court judge to preside over all proceedings in the case, the parties must contact the judge and obtain his or her agreement to be assigned to hear all proceedings in the case.
- V. In assigning a specific superior court judge to hear all proceedings in the case, the Senior Resident Superior Court Judge will consider, but is not bound by, the judges(s) requested by the parties.
- VI. The Trial Court Manager shall notify the parties of the judicial assignment.

This the 2^d day of March, 2023.


The Honorable Stephan R. Futrell
Senior Resident Superior Court Judge
Judicial District 16A

STATE OF NORTH CAROLINA		<i>File No.</i>
_____ County		In the General Court of Justice Superior Court Division
<i>Name of Plaintiff(s)</i>	ORDER ASSIGNING JUDGE TO MEDICAL MALPRACTICE CASE	
VERSUS		
<i>Name of Defendant(s)</i>		
<p>In accordance with the requirements of N.C.G.S. § 7A-47.3(e) and the 16A Judicial District Amended Administrative Order Regarding Medical Malpractice Actions, the Senior Resident Superior Court Judge has reviewed the Medical Malpractice Case Notification and Consultation form(s) filed by the parties and has determined that the superior court judge requested by the parties be assigned to preside over all proceedings in the case is</p> <p><input type="checkbox"/> Accepted and the assigned judge is as follows:</p> <p>_____.</p> <p><input type="checkbox"/> Rejected and the parties are ORDERED to confer and submit an amended Medical Malpractice Notification and Consultation form with a different requested superior court judge.</p> <p><input type="checkbox"/> Rejected and the Court assigns the following judge to preside over all proceedings in the case:</p> <p>_____.</p>		
<i>Date</i>	<i>Name of Senior Resident Superior Court Judge</i>	<i>Signature of Senior Resident Superior Court Judge</i>
<p>Copies of this Order were sent to the following individuals on _____ by Tania Shaw-Gomez, Superior Court Manager, at the following email address: Tania.Shaw-Gomez2@nccourts.org</p> <p>Plaintiff(s) Attorney(s):</p> <p>Defendant(s) Attorney(s):</p> <p>Superior Court Judge:</p>		

STATE OF NORTH CAROLINA	<i>File No.</i>
_____ County	In the General Court of Justice Superior Court Division
<i>Name of Plaintiff(s)</i>	MEDICAL MALPRACTICE CASE NOTIFICATION AND CONSULTATION
VERSUS	
<i>Name of Defendant(s)</i>	
<p>NOTE: Parties in all Anson, Richmond and Scotland 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 email to the Trial Court Coordinator. Failure to comply with the 16A Judicial District Amended 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. This form serves as notification to and 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 16A Judicial District Amended Administrative Order Regarding Medical Malpractice Actions, 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>NOTE: 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.