
PLAINTIFF(S)

Vs.

RESPONSE TO ADMINISTRATIVE HEARING

DEFENDANT(S)

RESPONSE TO ADMINISSTRATIVE HEARING NOTICE:

- o All counsel have conferred and agree to the following:
- o Counsel for _____ submits the following:
- o Pro Se Party _____ submits the following:
- o Other: _____

1. TRIAL DATE: (1st choice) _____
 (2nd choice) _____

(Trial must be within 4 months for non-jury cases and 6 months for jury cases from the date of Adm; or within 18 months of file date for medical malpractice claims and unusual cases.)

2. Estimated length of trial: _____ (days for trial)

- o Jury Trial
- o Non-Jury Trial

3. Mediator: (1st choice) _____
 (2nd choice) _____

- OR -

- o Check box if you want the Court to appoint a mediator.

Please note, the mediator must be certified. Once a mediator is appointed, the parties are not allowed to substitute a different selected mediator. A list of mediators for District 18 is published on our web site at www.nccourts.org.

4. OTHER: (Please indicate any relevant factors you would like considered in setting this matter for trial)

Signature

Date

- A ttorney for plaintiff _____
- A ttorney for defendant _____
- U nrepresented Party _____

COPIES OF THIS RESPONSE SHOULD BE SERVED ON ALL COUNSEL OF RECORD AND ANY PRO SE PARTIES, AND MAILED to:

**Amanda Leazer
310 Government Center Drive, Suite 3
Bolivia, NC 28422
or fax to me at (910) 253-6384**

IF YOU SEND THIS FORM INTO THE TCC YOU WILL BE EXCUSED FROM THE ADMINISTRATIVE HEARING.