

<b>STATE OF NORTH CAROLINA</b>	File No. _____
_____ COUNTY	In the General Court of Justice Superior Court Division
Name of Plaintiff(s)	<b>MEDICAL MALPRACTICE CASE NOTIFICATION AND CONSULTATION</b>
<b>VERSUS</b>	
Name of Defendant(s)	
<p><b>NOTE:</b> Parties in all Superior Court medical malpractice actions subject to N.C.G.S. § 90-21.11(2) in the 30th Judicial District 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 regular mail or email to the Court Coordinator at <a href="mailto:Jane.J.Capman@nccourts.org">Jane.J.Capman@nccourts.org</a>. Failure to comply with 30A Judicial District 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. 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 30A Judicial District 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 their judicial district:</p> <p>Judge _____ (District # _____)</p> <p style="padding-left: 40px;">Confirmation required: <input type="checkbox"/> has been consulted / <input type="checkbox"/> is agreeable to assignment.</p> <p>Judge _____ (District # _____)</p> <p style="padding-left: 40px;">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 judges requested by the parties.</p>	
<p>Submitted by:</p> <p><input type="checkbox"/> Self-Represented Plaintiff      <input type="checkbox"/> Plaintiff's Attorney      <input type="checkbox"/> Self-Represented Defendant      <input type="checkbox"/> Defendant's Attorney</p>	
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.