STATE OF NORTH CAROLINA	File No.
SELECT COUNTY	In The General Court Of Justice Superior Court Division
Name of Plaintiff(s)	Superior Court Division
VERSUS	MEDICAL MALPRACTICE CASE
Name of Defendant(s)	NOTIFICATION AND CONSULTATION
responsive pleadings or a motion requiring a determination by a Superform to Stephanie Hinson, Court Manager, at stephanie.h.hinson@nc	are required to complete and file this form within 5 days upon the filing of all erior Court Judge, whichever occurs first. The parties shall email a copy of this ccourts.org on the same day that it is filed with the Clerk of Superior Court. a waiver of any objections to proposed and selected trial dates and judges. esident Superior Court Judge. See <u>Judicial District 20A - Local Rules</u> .
In accordance with N.C.G.S. § 7A-47.3(e) and Local Rule 16.1 in Judici Senior Resident Superior Court Judge:	ial District 20A, the parties submit the following information for review by the
(1) Select one: ☐ The agreed-upon information is jointly submitted by the pa ☐ The information herein is submitted by Plaintiff(s) only; a c ☐ The information herein is submitted by Defendant(s) only;	copy has been delivered to Defendant(s).
 (2) Date case filed	discovery conference etrial motions. g pretrial motions
finished and their judicial districts:	
Judge (District #)
Confirmation required: \Box has been consulted \Box agree	eeable to assignment
Judge(District #)
Confirmation required: ☐ has been consulted ☐ agre	eeable to assignment
NOTE: The parties may suggest any regular, special, or emergency juby, the judges suggested by the parties.	dge. The Senior Resident Superior Court Judge may consider, but is not bound
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: