

STATE OF NORTH CAROLINA

File No.

Cabarrus County

In The General Court Of Justice
Superior Court Division

Name of Plaintiff(s)

VERSUS

Name of Defendant(s)

**MEDICAL MALPRACTICE CASE
NOTIFICATION AND CONSULTATION**

NOTE: Parties in all Cabarrus 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 Coordinator. Failure to comply with the **Judicial District 19A Procedures: Assignment of 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 **Judicial District 19A Procedure: Assignment of 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: _____.
- (4) Anticipated Length of Trial: _____.
- (5) Available dates in the next 60 days for the medical practice discovery conference, which may be held remotely:
_____.
- (6) 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.
- (7) Suggested superior court judge(s) for assignment to preside over all proceedings in this case and his/her judicial district:

Judge _____ (District # _____) Select one: has agreed to assignment / has not been consulted.

Judge _____ (District # _____) Select one: has agreed to assignment / has not been consulted.

NOTE: Parties are encouraged to select from the resident judges and judges who are assigned to the Judicial District 19A per the Superior Court [Master Calendar](#) during the spring or fall rotation in which they expect the case to be tried, or a judge in the Fourth Judicial Division, and must consult with their suggested 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:	
<input type="checkbox"/> Self-Represented Plaintiff	<input type="checkbox"/> Plaintiff's Attorney
<input type="checkbox"/> Self-Represented Defendant	<input type="checkbox"/> 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.