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 PLAINTIFF(S)))
 _____))
 vs.))
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 _____))
 DEFENDANT(S)

RESPONSE TO CALENDAR SETTING CONFERENCE and APPOINTMENT OF MEDIATOR (CSC) NOTICE:

All counsel have conferred and agree to the following:

- OR -

Counsel for _____ submits the following:

Pro Se Party _____ submits the following:

Other: _____ submits the following:

PLEASE NOTE: RESPONSES THAT DO NOT FOLLOW THESE RULES WILL NOT BE ACCEPTED. Trial must be within **4** months of date of CSC for non-jury cases and **6** months for jury cases; or within **18** months of the file date for medical malpractice claims. Cumberland County has Superior Civil sessions every week, unless the week contains a holiday, judge’s conference, or AOC unassigned week. You may call **910-475-3018** for a list of dates when we do not have a session. This information is on the motion information recording. Our sessions for motions and trials are the same.

1. TRIAL DATE:

(1st choice) _____

(2nd choice) _____

2. Estimated length of trial: _____ (days for trial); Jury Trial Non-Jury Trial

3. Mediator: (1st choice) _____ - OR - Check box if you want the TCA
(2nd choice) _____ to appoint a mediator.

PLEASE NOTE, the mediator must be certified.

A list of mediators for District 14 can be found at <http://www.nccourts.org/Courts/CRS/Councils/DRC/Default.asp#>

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

Signature _____

Date _____

Attorney for Plaintiff _____

Attorney for Defendant _____

Unrepresented Party _____

Please file your completed response form through the ePortal: <https://portal-nc.tylertech.cloud/Portal/> no later than **3pm** the day before the conference.

Provide copies of this response to all other parties.