

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR WHATCOM COUNTY

_____,
vs. / and _____ Plaintiff _____ Petitioner,

_____ Defendant _____ Respondent.

NO. _____

Assigned Judge: _____

NOTE FOR TRIAL SETTING _____ Civil _____ Domestic
(NTTRDK) *This date is to pick a date for trial and is not trial itself*

NOTE FOR TRIAL SETTING

The undersigned certifies that this case is ready for trial setting. All issues have been joined. All responsive pleadings as to all named parties have been filed or proper defaults have been taken. This case is not subject to mandatory arbitration under WCMAR. Either (1) the parties agree that all discovery in the case has been completed, or (2) the parties have filed an Agreed Order on Discovery, which specifies the order and timing of discovery and terminates discovery 30 days before trial, or (3) this case has been noted for a scheduling conference before the trial judge. The clerk is requested to note this on the trial setting calendar to be brought on for trial at the time set by the court –subject to the confirmation rule. (WCCR 40.1)

FILE the Original document and submit a copy for the Judicial Assistant at the County Clerk’s Office. Opposing parties must be served in accordance with CR 5 and 6 and applicable RCWs.

DATE: _____ 11:00AM Domestic
_____ 1:00 PM Civil

Nature of Case _____

Jury requested?: _____ No _____ Yes: _____ 6 or _____ 12
domestic cases are not heard by a jury – judge only

_____ Interpreter Required? language: _____

Estimate of Time Required for Trial _____

Reason Exempt from Mandatory Arbitration _____

Settlement Conference (domestic) (required by WCSPR 94.08)
_____ needed or

_____ Held: (Date) _____

DATE SUBMITTED: _____

SUBMITTED BY: _____

Signature of Lawyer or Party _____

Print or Type Name; WSBA # if Attorney _____

Address: _____

Telephone: _____

Noting Party is the: (OR if Attorney, Party Represented:)

_____ Petitioner _____ Plaintiff

_____ Respondent _____ Defendant

CERTIFICATE OF MAILING:

I certify under penalty of perjury under the laws of the State of Washington that I mailed a copy of this document to the parties listed below, postage prepaid on the _____ day of _____, 20____

By: Signature _____

LIST THE FOLLOWING INFORMATION FOR ALL ATTORNEYS OR PARTIES REQUIRING NOTICE (not the Noting Party).

NAME: _____ WSBA #: _____
TELEPHONE: () _____
ADDRESS: _____ ATTORNEY FOR: (Check one)
 Petitioner/Plaintiff
 Respondent/Defendant

NAME: _____ WSBA #: _____
TELEPHONE: () _____
ADDRESS: _____ ATTORNEY FOR: (Check one)
 Petitioner/Plaintiff
 Respondent/Defendant

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TELEPHONE: () _____
ADDRESS: _____ ATTORNEY FOR: (Check one)
 Petitioner/Plaintiff
 Respondent/Defendant

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ADDRESS: _____ ATTORNEY FOR: (Check one)
 Petitioner/Plaintiff
 Respondent/Defendant

NAME: _____ WSBA #: _____
TELEPHONE: () _____
ADDRESS: _____ ATTORNEY FOR: (Check one)
 Petitioner/Plaintiff
 Respondent/Defendant