

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR WHATCOM COUNTY

 Plaintiff/Petitioner,
 vs.

 Defendant/Respondent.

NO. _____
 ASSIGNED JUDGE: _____

NOTE FOR MOTION DOCKET (NTMTDK)
 Civil Motion Calendar
 Domestic Calendar
 Revision of Commissioner Ruling
 Special Set
(Use separate sheet for each noting)

NOTE FOR MOTION DOCKET

Please take note that the issue in this case will be heard on the date set out in the margin and the clerk is requested to note the same on the motion docket for that day, subject to the confirmation rule.

 Date and Time of Hearing
 Nature of Hearing:

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 _____

DATE SUBMITTED: _____
 SUBMITTED BY: _____

Signature of Lawyer or Party _____
 Print or Type Name; WSBA # if Attorney _____
 Address: _____
 Telephone _____
 If Attorney, Party Represented
 Petitioner/Plaintiff _____
 Respondent/Defendant _____

NAME (below) _____ WSBA: _____

ADDRESS: _____

Attorney for: Petitioner/Plaintiff Respondent/Defendant

NAME (below) _____ WSBA: _____

ADDRESS: _____

Attorney for: Petitioner/Plaintiff Respondent/Defendant

NAME (below)

_____ WSBA: _____

ADDRESS:

Attorney for: Petitioner/Plaintiff Respondent/Defendant

NAME (below)

_____ WSBA: _____

ADDRESS:

Attorney for: Petitioner/Plaintiff Respondent/Defendant

NAME (below)

_____ WSBA: _____

ADDRESS:

Attorney for: Petitioner/Plaintiff Respondent/Defendant

NAME (below)

_____ WSBA: _____

ADDRESS:

Attorney for: Petitioner/Plaintiff Respondent/Defendant

NAME (below)

_____ WSBA: _____

ADDRESS:

Attorney for: Petitioner/Plaintiff Respondent/Defendant

NAME (below)

_____ WSBA: _____

ADDRESS:

Attorney for: Petitioner/Plaintiff Respondent/Defendant

NAME (below)

_____ WSBA: _____

ADDRESS:

Attorney for: Petitioner/Plaintiff Respondent/Defendant

NAME (below)

_____ WSBA: _____

ADDRESS:

Attorney for: Petitioner/Plaintiff Respondent/Defendant

NAME (below)

_____ WSBA: _____

ADDRESS:

Attorney for: Petitioner/Plaintiff Respondent/Defendant

NAME (below)

_____ WSBA: _____

ADDRESS:

Attorney for: Petitioner/Plaintiff Respondent/Defendant