

Superior Court of Washington, County of Mason

Plaintiff/Petitioner
Defendant/Respondent
No.
Notice of Hearing (NTHG)
Clerk's action required

Notice of Hearing

To the Court Clerk and all parties:

1. Please take note that a court hearing has been scheduled:

for: date at: time a.m. p.m.

Interpreter needed for Plaintiff/Petitioner Defendant/Respondent Both

Type of Interpreter: Spanish Other

Mason County Superior Court

at: 419 N. 4th, Shelton, WA 98584 (look for posted sign in courthouse as to which courtroom)

2. The purpose of this hearing is (specify): Motion for Default Motion for Summary Judgment

Show Cause Hearing Other:

3. The hearing should be scheduled on the following court calendar:

- Criminal (Monday at 9:00 a.m.)
Civil and Revisions (Monday 1:30 p.m.)
Criminal Show Cause (Tuesday 9:00 a.m. except last Tuesday of every month)
Protection Order (Monday - Friday 9:00 a.m.)
At-Risk-Youth/CHINS (Monday 3:00 p.m.)
Offender (Tuesday 9:30 a.m.)
Other:
Dependency (Thursday 1:30 p.m.)

Hearings are to be confirmed by e-mail at superiorcourt-confirm@co.mason.wa.us or by phone at (360) 427-9670 ext. 346 or in person, as required by LCR 7 and LSPR 94.04. Mailing address: Mason County Clerk / P.O. Box 340 / Shelton, WA 98584

4. Person scheduling this hearing

Plaintiff/Petitioner or his/her lawyer Defendant/Respondent or his/her lawyer

Person asking for this hearing signs here _____ Print name (if lawyer, also list WSBA #) _____ Date _____

Mailing Address _____ City/State/Zip _____

Phone _____ E-mail Address _____

Plaintiff/Petitioner Defendant/Respondent: I have received a copy of this document and _____

Person receiving copy signs here _____ Print name (if lawyer, also list WSBA #) _____ Date _____

5. Declaration of Service

I declare that on _____ 20____, I deposited in the United States mail delivered through a legal messenger service personally delivered a copy of this notice of hearing along with _____

_____ to all the people listed below in section 6.

I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct.

Signed at _____ on _____
City State Date signed

Signature _____ Printed Name _____

6. Names and Contact Information for Everyone Notified of this Hearing

Name: _____	Name: _____
Attorney for: _____	Attorney for: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

Name: _____	Name: _____
Attorney for: _____	Attorney for: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

Attach more papers if you need.

