

Superior Court of Washington, County of Mason

Petitioner Respondent No. Notice of Hearing (NTHG) [x] 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.

ZOOM APPEARANCE during COVID-19 precautions:

Meeting ID # 283 790 6716

By Phone: 1+ (253) 215-8782

By Smart Phone/Computer: https://us02web.zoom.us/j

[] Interpreter needed for [] Petitioner [] Respondent [] Both

Type of Interpreter: [] Spanish [] Other

2. The purpose of this hearing is (specify): [] Temporary order [] Motion for Default [] Final Order(s)

Other:

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

- State Family Law (Wednesday 9:00 a.m.) Probate & Adult Guardianship Attorney & Self-Represented (Wednesday 9:00 a.m.) Family Law without attorneys Both parties self-represented (Monday 9:00 a.m.) Family Law with attorney (Wednesday 1:30 p.m.) Adoption Attorney & Self-Represented (Wednesday 9:00 a.m.) Minor Guardianship & Relative Visitation Attorney & Self-Represented (Friday 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

Petitioner or his/her lawyer 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 _____

Petitioner 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 *(not necessary if other party signed above)*

I declare that on _____ 20 _____,

I deposited in the United States mail 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 _____

Names and Contact Information of 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 pages if needed.