

Superior Court of Washington, County of Mason

\_\_\_\_\_,  
Petitioner  
  
\_\_\_\_\_,  
Respondent

No. \_\_\_\_\_

- REQUEST FOR TRIAL SETTING
 RESPONSE TO REQUEST FOR TRIAL SETTING
 INITIAL STATEMENT OF ARBITRABILITY
 Clerk's Action Required [RQTH]

REQUESTING PARTY:  Petitioner  Respondent  All Parties

TO CLERK: Please submit this matter to Court Administration for:  Trial setting or  Arbitration

AND TO: \_\_\_\_\_, Attorney for the \_\_\_\_\_.

A response to the Request for Trial Setting or Arbitration shall be filed no later than 7 days from receipt of this notice.

THIS IS AN ADMINISTRATIVE ACTION. THIS IS NOT A COURT HEARING. Although a response is required, NEITHER PARTY NEEDS TO APPEAR. After reviewing the request and response, Court Administration will send notice of the assigned date for trial or transfer to arbitration.

The undersigned certifies as follows:

- 1. Nature of action is:  Divorce  Establish Parenting Plan (unmarried)  Modification
 Other: \_\_\_\_\_
2. Respondent was served on \_\_\_\_\_.  Proof of service has been filed
3. A Response to Petition was filed on: \_\_\_\_\_
4. Proof of Completion of Parenting Seminar has been filed by:  Petitioner  Respondent
5. The matters at issue  have  have not been to mediation  The Court waived mediation
6. Discovery (exchange of evidence)  has  has not been completed
7. TRIAL SETTING
Custody  is  is not an issue in this proceeding.
Estimated trial time: Petitioner: \_\_\_\_\_ days; Respondent \_\_\_\_\_ days
Number of witnesses for Petitioner: Fact: \_\_\_\_\_; Expert: \_\_\_\_\_
Number of witnesses for Respondent: Fact: \_\_\_\_\_; Expert: \_\_\_\_\_
8. Dates unavailable for trial within the next 12 months: \_\_\_\_\_.

INITIAL STATEMENT OF ARBITRABILITY RE MODIFICATIONS

- This Modification is subject to arbitration because the sole relief sought is the establishment, termination or modification of maintenance or child support payments.
- This Modification is not subject to arbitration because the Petition seeks relief other than a money judgment.

Dated: \_\_\_\_\_ Signed \_\_\_\_\_  
Typed or Printed Name \_\_\_\_\_  
Address \_\_\_\_\_  
  
Telephone \_\_\_\_\_  
Attorney for \_\_\_\_\_  
Email: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that on \_\_\_\_\_ 20\_\_\_\_, I  deposited in the United States mail  delivered through a legal messenger service  personally delivered a copy of this notice to all the people listed below.

Signed at \_\_\_\_\_ on \_\_\_\_\_  
*City State Date signed*  
\_\_\_\_\_  
*Signature Printed Name*

**Names and Contact Information for Everyone Sent a Copy of this Request**

<b>Name:</b> _____	<b>Name:</b> _____
Attorney for: _____	Attorney for: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Email: _____	Email: _____
<b>Name:</b> _____	<b>Name:</b> _____
Attorney for: _____	Attorney for: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

Attach more pages if needed.

**FILE WITH MASON COUNTY CLERK: Mason County Courthouse, 419 N 4th, P.O. Box 340, Shelton, WA 98584**