IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON IN AND FOR THE COUNTY OF KING

vs.

CASE NO.
NOTICE OF COURT DATE (Judges)
(NOTICE FOR HEARING)
KENT REGIONAL JUSTICE CENTER ONLY
(Clerk's Action Required) (NTHG)

	to all other parties per list on Page 2: sue of law in this case will be heard on the date below and the Clerk is alendar checked below.
Calendar Date:	
Nature of Motion:	
If oral argument on the motion is allowed (LC before filing this notice. Working Papers : T	CR 7(b)(2)), contact staff of assigned judge to schedule date and time he judge's name, date and time of hearing must be noted in the upper udge's copies to Judges' Mailroom at RJC
[] Without oral argument (Mon - Fri) Date/Time:	[] With oral argument Hearing
Judge's Name:	Trial Date:
СН	IEF CIVIL DEPARTMENT – RJC
Deliver working copies to Judges' Mailroom, Department" and date of hearing.	lays, except as noted. See signs posted at RJC for calendar location. Room 2D at RJC. In upper right corner of papers write "Chief Civil
] Extraordinary Writs (Show Cause Hearin] Supplemental Proceedings /Judicial Sub] Motions to Consolidate with multiple judg] Structured Settlements (9:00 am Fridays) 	poenas (9:15 am) (LCR 69) les assigned (LCR 40(a)(4)) (without oral argument) M-F
	Non-Assigned Cases:
40(a)(2)(B)) PARTIES: The address of the Regional Ju	ossession (Convictions from Limited Jurisdiction Courts) (LCR ustice Center is 401 4th Avenue North, Kent, WA 98032. You must
bring this document and appear as schedule	
[] Room:	[] See Posted Signs
	ır residential address where you agree to accept legal documents.
	Print/Type Name:
WSBA # (if attorney)	Attorney for:
Address:	City, State, Zip

NOTICE OF COURT DATE - KENT REGIONAL JUSTICE CENTER ONLY JudgesKNT10/10/14

_____ Email Address: ___

Page 1

_Date: _____

Telephone: _____

LIST NAMES AND SERVICE ADDRESSES FOR ALL NECESSARY PARTIES REQUIRING NOTICE

Name	Name
Service Address:	
City, State, Zip	City, State, Zip
WSBA#Atty. For:	
Telephone #:	Telephone #:
Email Address:	
Name	Name
Service Address:	Service Address:
City, State, Zip	
WSBA#Atty. For:	
Telephone #:	Telephone #:
Email Address:	
Name	Name
Service Address:	Service Address:
City, State, Zip	
WSBA#Atty. For:	
Telephone #:	Telephone #:
Email Address:	

IMPORTANT NOTICE REGARDING CASES

Party requesting hearing must file motion & affidavits separately along with this notice. List the names, addresses and telephone numbers of all parties requiring notice (including GAL) on this page. Serve a copy of this notice, with motion documents, on all parties.

The original must be filed at the Clerk's Office not less than **six** court days prior to requested hearing date, except for Summary Judgment Motions (to be filed with Clerk 28 days in advance).

THIS IS ONLY A PARTIAL SUMMARY OF THE LOCAL RULES AND ALL PARTIES ARE ADVISED TO CONSULT WITH AN ATTORNEY.

The REGIONAL JUSTICE CENTER is in Kent, Washington at 401 Fourth Avenue North. The Clerk's Office is on the second floor, Room 2C. The Judges' Mailroom is Room 2D.

DO NOT USE THIS FORM FOR FAMILY LAW OR EX PARTE MOTIONS