SUPERIOR COURT OF WASHINGTON IN AND FOR KING COUNTY

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Plaintiff,  v.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Defendant. | NO.  SEA/KNT  **REQUEST FOR RELIEF AND CERTIFICATION REGARDING EXTENUATING CIRCUMSTANCES FROM COVID-19 OUTBREAK** |

I certify or declare under penalty of perjury under the laws of the state of Washington that the following is true and correct:

1. The Covid-19 outbreak has substantially affected my ability to participate and/or respond to filings, deadlines, process or other requirements in these proceedings.
2. I am unable to fully participate in these proceedings and/or respond to filings, deadlines, process or other requirements in this case as a result of the impact of the Covid-19 outbreak on [check all that apply]: \_\_\_\_ me, \_\_\_\_ my family, \_\_\_\_ my livelihood, \_\_\_\_ my staff and office support, \_\_\_\_ my transportation, \_\_\_\_ my housing, \_\_\_\_ my means of communication, \_\_\_\_ access to court/filing, and/or \_\_\_\_ other essential aspects of my well-being or ability to function.
3. Other details regarding the extenuating circumstances and my inability to respond or participate include (do not provide personal medical details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. I request that the Court grant relief so that no adverse orders are entered against me [or my client(s)] in these proceedings at this time based on the extenuating circumstances.
2. I ask the Court to find good cause to grant relief to prevent the entry of adverse orders and to allow me additional time to address the extenuating circumstances arising from the Covid-19 outbreak.
3. I request relief and/or a continuance until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [date].
4. I understand the importance of maintaining current contact information with the Court, and will keep my contact information current. My current contact information is set forth below.

SIGNED THIS \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month), 2020, in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State).

NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STREET ADDRESS

CITY, STATE, ZIPCODE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL

PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BAR NUMBER (IF APPLICABLE)