

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

vs.

CASE NO.

KNT

**EX PARTE NOTICE OF COURT DATE (Commissioners)
KENT COURTHOUSE ONLY**
(Clerk's Action Required)
(NTMTDK)

TO: THE CLERK OF THE COURT and to all other parties listed on Page 2:
PLEASE TAKE NOTICE that an issue of law in this case will be heard on the date below and the Clerk is directed to note this issue on the calendar checked below.

Calendar Date: _____ **Day of Week:** _____

Nature of Motion: _____

EX PARTE MOTIONS [LCR 7(b)(3)(D)] – MRJC Room 1J

The original of this notice must be filed at the Clerk's Office **not less than six court days** prior to the requested hearing date for these calendars. Motions are scheduled **9:00-11:30 a.m. in Courtroom 1J** (except as indicated):

Ex Parte hearings do not require confirmation.

Eviction Hearing Time: 9:00 a.m.

Other Ex Parte Motion. Hearing Time: _____

The original of this notice must be filed at the Clerk's Office **not less than fourteen calendar days** prior to requested hearing date - *Deliver Working Papers (on accountings, contested or complex cases) to the Judges Mailroom 2D at the Maleng Regional Justice Center in Kent.*

Adoption Final Hearing, Hearing Time: **1:30 p.m. (LCR 93.04)**

Final Decree

Atty. to Appear Hearing Time: _____ **No Attorney Hearing Time: 1:30 p.m.**

Probate/Guardianship, Hearing Time: 10:30 a.m. (LCR 98.04, 98.16, 98.20)

You may list an address that is not your residential address where you agree to accept legal documents.

Sign: _____ Print/Type Name: _____

WSBA # _____ (if attorney) Attorney for: _____

Address: _____ City, State, Zip _____

Telephone: _____ Email Address: _____ Date: _____

Party requesting hearing must file motion & affidavits separately along with this notice.

**DO NOT USE THIS FORM TO SET HEARINGS BEFORE CHIEF CIVIL JUDGE OR
THE ASSIGNED JUDGE FOR THE CASE.**

List names, addresses and telephone numbers of all parties requiring notice, (including Guardian Ad Litem) on page 2. Serve a copy of this notice of hearing, with motion documents, on all parties.

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

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

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

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

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

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

The **MALENG REGIONAL JUSTICE CENTER** is in Kent, Washington at 401 Fourth Avenue North.