

SUPERIOR COURT OF WASHINGTON FOR CLARK COUNTY

_____ ,)	
)	Cause No. _____
Plaintiff(s),)	
)	
vs.)	NOTICE TO SET FOR TRIAL
)	AND STATEMENT OF
)	ARBITRABILITY
)	
_____ ,)	Assigned Judge _____
)	
Defendant(s).)	

TO THE CLERK, SUPERIOR COURT ADMINISTRATION AND ALL ATTORNEYS AND PARTIES
PER LIST BELOW:

I. NOTICE TO SET FOR TRIAL

1.1 Nature of Case: _____ Trial Length: _____ days

1.2 _____ Non-Jury _____ Jury/6 person _____ Jury 12 person

1.3 Trial Setting Consideration: _____

1.4 Accelerated Setting Requested - No Settlement Conference will be scheduled (applies only to Domestic Relations cases meeting all the following criteria):

_____ No non-party witnesses

_____ No custody/visitation issues

_____ Trial time 1-3 hours

II. STATEMENT OF ARBITRABILITY

- 2.1 _____ This case is subject to arbitration because the sole relief sought is a money judgment and it involves no claim in excess of \$50,000, exclusive of attorney fees, interest, and cost.
- 2.2 _____ The undersigned contends that its claim exceeds \$50,000 but for the purposes of arbitration, waives any claim in excess of \$50,000.
- 2.3 _____ This case is NOT subject to arbitration because:
 - (a) _____ The claim and/or counterclaim exceeds \$50,000.
 - (b) _____ Relief other than a money judgment is sought.
 - (c) _____ Case is an appeal from a lower court.

III READINESS CERTIFICATION

I hereby certify: **(must be completed)**

- 3.1 That an Answer/Response to Petition was filed on _____.
- 3.2 That all discovery has been or will be completed before settlement conference in domestic cases/trial in non-domestic cases; and
- 3.3 That all counsel and/or Pro Se parties have been served with a copy of this notice.

I UNDERSTAND THAT THE COURT MAY IMPOSE TERMS AND SANCTIONS UPON A PARTY OR COUNSEL WHO IS NOT PREPARED TO PROCEED TO SETTLEMENT CONFERENCE OR TRIAL ON THE ASSIGNED DATE IN ACCORDANCE WITH LOCAL RULE 40 (b)(5) AND CR 40 (d) AND (e).

INSTRUCTIONS:

- 1. Type names and addresses of all attorneys and/or pro se parties below.
- 2. Serve all other parties.
- 3. File original with County Clerk, and **copies with the Court Administrator and the assigned Department.**

Signed: _____
 Date: _____
 Typed Name: _____
 Attorney for: _____
 WSBA #: _____

TYPE NAMES AND ADDRESSES OF ALL ATTORNEYS AND/OR PRO SE PARTIES

[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]