

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

**NO.
NOTICE FOR HEARING
KENT REGIONAL JUSTICE CENTER ONLY
(Clerk's Action Required) (NTHG)**

TO: THE CLERK OF THE COURT and to all other parties per list 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: _____

CASES ASSIGNED TO INDIVIDUAL JUDGES - RJC	
Working Papers: The <u>judge's name</u> , date and time of hearing <u>must</u> be noted in the upper right corner of the Judge's copy. Deliver Judge's copies to Judges' Mailroom at RJC	
<input type="checkbox"/> Without oral argument (Mon - Fri)	
<input type="checkbox"/> With oral argument Hearing Date/Time: _____ If oral argument on the motion is allowed (LCR 7(b)(2)), contact staff of assigned judge to schedule date and time before filing this notice.	
Judge's Name: _____	Trial Date: _____
CHIEF CIVIL DEPARTMENT – RJC	
All Chief Civil calendars are at 10:00 on Fridays, except as noted. See signs posted at RJC for calendar location. Deliver working copies to Judges' Mailroom, Room 2D at RJC. In upper right corner of papers write "Chief Civil Department" and date of hearing.	
<input type="checkbox"/> Extraordinary Writs (Show Cause Hearing) (LCR 98.40)	
<input type="checkbox"/> Supplemental Proceedings (9:15 am) (LCR 69)	
<input type="checkbox"/> Motions to Consolidate with multiple judges assigned (LCR 40(b)(4) (without oral argument) M-F	
Non-Assigned Cases:	
<input type="checkbox"/> Dispositive Motions and Revisions (10:30 am) <input type="checkbox"/> Non-Dispositive Motions M-F (without oral argument)	
<input type="checkbox"/> Certificates of Rehabilitation- Weapon Possession(Convictions from Limited Jurisdiction Courts)(LCR 40(b)(2)(B)	
<input type="checkbox"/> Certificates of Rehabilitation (Employment)	

PARTIES: The address of the Regional Justice Center is 401 4th Avenue North, Kent, WA 98032. You must bring this document and appear as scheduled.	
<input type="checkbox"/> Room: _____	<input type="checkbox"/> See Posted Signs

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: _____ Date: _____

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

LIST NAMES AND SERVICE ADDRESSES FOR ALL NECESSARY PARTIES REQUIRING NOTICE

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

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

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

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

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

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

IMPORTANT NOTICE REGARDING CASES

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