

## Superior Court of Washington, County of Mason

<p>_____, Petitioner</p> <p>_____, Respondent</p>	<p>No. _____</p> <p><input type="checkbox"/> REQUEST FOR TRIAL SETTING <input type="checkbox"/> RESPONSE TO REQUEST FOR TRIAL SETTING <input type="checkbox"/> INITIAL STATEMENT OF ARBITRABILITY</p> <p><input checked="" type="checkbox"/> Clerk's Action Required [RQTH]</p>
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REQUESTING PARTY:  Petitioner  Respondent  All Parties

TO CLERK: Please submit this matter to Court Administration for:  Trial setting or  Arbitration

AND TO: \_\_\_\_\_, Attorney for the \_\_\_\_\_.

**A response to the Request for Trial Setting or Arbitration shall be filed no later than 7 days from receipt of this notice.**

***THIS IS AN ADMINISTRATIVE ACTION. THIS IS NOT A COURT HEARING. Although a response is required, NEITHER PARTY NEEDS TO APPEAR. After reviewing the request and response, Court Administration will either send notice of trial date, set a trial setting conference, or transfer to arbitration.***

### I TRIAL SETTING

The undersigned certifies as follows:

1. Nature of action is:  Divorce  Establish Parenting Plan (unmarried)  Modification  
 Other: \_\_\_\_\_
2. Respondent was served on \_\_\_\_\_.  Proof of service has been filed
3. A Response to Petition was filed on: \_\_\_\_\_
4. Proof of Completion of Parenting Seminar has been filed by:  Petitioner  Respondent
5. The matters at issue  have  have not been to mediation  The Court waived mediation
6. Discovery (exchange of evidence)  has  has not been completed
7. I have reviewed the information regarding Family Law Informal Trial Selection and will file the Trial Selection as a separate document. For purposes of scheduling I/we request an:  
 Informal Trial  Traditional Trial
8. TRIAL SETTING  
Custody  is  is not an issue in this proceeding.  
Estimated trial time: Petitioner: \_\_\_\_\_ days; Respondent \_\_\_\_\_ days  
Number of witnesses for Petitioner: Fact \_\_\_\_\_; Expert: \_\_\_\_\_  
Number of witnesses for Respondent: Fact: \_\_\_\_\_; Expert: \_\_\_\_\_
9. Dates **unavailable** for trial within the next 12 months: \_\_\_\_\_.

## ARBITRATION

(This portion applies to child support modifications only)

### INITIAL STATEMENT OF ARBITRABILITY RE MODIFICATIONS

- This Modification is subject to arbitration because the sole relief sought is the establishment, termination or modification of spousal support or child support payments.
- This Modification is not subject to arbitration because the Petition seeks relief other than a money judgment.

Dated: \_\_\_\_\_

Signed \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Attorney for \_\_\_\_\_

Email: \_\_\_\_\_

### **YOU MUST SERVE THIS DOCUMENT TO THE OTHER PARTY**

I declare under penalty of perjury under the laws of the State of Washington that on \_\_\_\_\_ 20\_\_\_\_\_, I  deposited in the United States mail  delivered through a legal messenger service  personally delivered a copy of this notice to all the people listed below.

Signed at \_\_\_\_\_ on \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Date signed \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

### **Names and Contact Information for Everyone Sent a Copy of this Request**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Attorney for: \_\_\_\_\_

Attorney for: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

*Attach more pages if needed.*

FILE WITH MASON COUNTY CLERK: Mason County Courthouse, 419 N 4th, P.O. Box 340, Shelton, WA 98584