

Superior Court of Washington
County of Lewis County

_____,
Plaintiff/Petitioner,

vs

_____,
Defendant/Respondent.

Cause No. _____

NOTE FOR TRIAL & INITIAL
STATEMENT OF ARBITRABILITY
(Civil Calendar Only)

CHECK ONE: **NOTE FOR ARBITRATION** **NOTE FOR TRIAL**

TO CLERK: Please note for Friday, the _____ day of _____, 20____,
at 8:30 a.m. (*Setting date required for Mediation and Trial Assignments*)

1. The undersigned attorney certifies that this case is at issue (an answer has been filed).
2. The nature of action is _____.
3. A jury demand was filed on _____ indicating a
 6 person jury 12 person jury
4. Trial dates available/unavailable:
5. Has this case already been noted for trial? Yes No

INITIAL STATEMENT OF ARBITRABILITY

- This case is subject to arbitration because the sole relief sought is a money judgment and involves no claim in excess of one hundred thousand dollars (\$100,000) exclusive of attorney fees, interests and costs.
- This case is not subject to mandatory arbitration because:
 - Plaintiff's claim exceeds one hundred thousand dollars (\$100,000).
 - Plaintiff seeks relief other than a money judgment.
 - Defendant's counter or cross claim exceeds one hundred thousand dollars (\$100,000).
 - Defendant's counter or cross claim seeks relief other than a money judgment.
- The undersigned contends that its claim exceeds one hundred thousand dollars (\$100,000) but hereby waives any claim in excess of one hundred thousand dollars (\$100,000) for purposes of arbitration.

**MAIL THIS COMPLETED FORM TO: Lewis County Clerk, MS:CLK01
345 W. Main Street 2nd floor, Chehalis WA 98532.**

Dated: _____ Signed _____
Printed Name _____
Address _____
Phone () _____
Attorney for _____

LIST THE NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL OTHER ATTORNEYS IN THIS CASE:

Name _____
Address _____
Phone () _____
Attorney for _____

Name _____
Address _____
Phone () _____
Attorney for _____

Name _____
Address _____
Phone () _____
Attorney for _____

Name _____
Address _____
Phone () _____
Attorney for _____