

## Superior Court of Washington, Thurston County

Plaintiff / Petitioner:

\_\_\_\_\_

Defendant / Respondent:

\_\_\_\_\_

Case No. \_\_\_\_\_

**Notice of Hearing for Restoration of Gun Rights**

(NTHG)

### To the Court Clerk and all parties:

**1.** A court hearing has been scheduled for: \_\_\_\_\_ (date).

**2.** The **name** of the motion or type of hearing is: Petition to Possess Firearm.

**Required:** The motion was filed  with this notice or  previously on: \_\_\_\_\_ (date).

**3.** The hearing should be scheduled as a:

Firearm Restorations Ex Parte Calendar (Friday 11:00 a.m.)

You do not need to go to the hearing. This is an Ex Parte hearing.

### ***Warnings!***

- You will need to check that the session is available before you schedule a hearing. You can see whether a session is full on the Clerk's website: [www.co.thurston.wa.us/clerk](http://www.co.thurston.wa.us/clerk).
- If this notice is incomplete or contains an incorrect date, time, or conflicting information, your hearing may not be scheduled. You can verify whether a hearing was scheduled at: <https://odysseyportal.courts.wa.gov/odyportal>.
- You need to schedule this hearing at least six business days ahead of time.

**4. Declaration of Service**

I declare that on \_\_\_\_\_, 20\_\_\_\_, I  deposited in the United States mail,  delivered through a legal messenger service,  personally delivered, a copy of this notice of hearing, the motion, and all paperwork filed along with the motion, to all people listed below in section 6.

**I declare under penalty of perjury under the laws of Washington State that the foregoing is true and correct.**

Signed at \_\_\_\_\_(city) \_\_\_\_\_ (State) on \_\_\_\_\_ (date signed).

\_\_\_\_\_(printed name)

\_\_\_\_\_(signature)

**5. Person Scheduling this Hearing:**

Name of party: \_\_\_\_\_

Sign: \_\_\_\_\_

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

WSBA # \_\_\_\_\_ (if attorney)

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Date: \_\_\_\_\_

**6. Names and Contact Information for Everyone Notified of this Hearing**

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

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

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

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

WSBA #: \_\_\_\_\_

WSBA #: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

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

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

WSBA #: \_\_\_\_\_

WSBA #: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

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

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

WSBA #: \_\_\_\_\_

WSBA #: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_