

Hearing Date: _____
Hearing Time: _____
Judge/Calendar: _____

## Superior Court of Washington, Thurston County

Plaintiff / Petitioner:

\_\_\_\_\_

Defendant / Respondent:

\_\_\_\_\_

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

### Notice of Arbitration Setting and Statement of Arbitrability

(NTHG)

#### To the Court Clerk and All Parties:

**1. Notice of Arbitration Setting:** This case is to be scheduled to be transferred to civil arbitration. The arbitration setting shall be on Friday: \_\_\_\_\_ (date) at 9:00 a.m.

**This review is administrative only. Do not go to court.**

If you do not agree to arbitration, you must file and serve an objection before the date listed above. You must also schedule a hearing for your objection on the assigned judge's civil motion calendar within 14 days of objecting. Review LCAR 2.1 for more information.

**2. Statement of Arbitrability:** This case is subject to civil arbitration because:

☐ The sole relief being sought is a money judgment and involves no claim exceeding \$100,000, exclusive of interest and costs; or

☐ I contend that the claim exceeds \$100,000, but hereby waive any claim in excess of \$100,000 for purposes of arbitration.

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

Signed: \_\_\_\_\_

Typed name: \_\_\_\_\_

WSBA No. \_\_\_\_\_

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### 3. 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 arbitration to all people  
listed below in section 5.

**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)

### 4. Person Scheduling this Hearing:

☐ Plaintiff / Petitioner ☐ Defendant / Respondent

☐ other: \_\_\_\_\_

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

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

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

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

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

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

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

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

### 5. 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: \_\_\_\_\_

Attach more sheets if you need to.