

**SUPERIOR COURT OF WASHINGTON
IN AND FOR THURSTON COUNTY**

_____,
Plaintiff/Petitioner,

vs.

_____,
Defendant/Respondent.

No. _____

**NOTICE OF REQUEST TO
PARTICIPATE IN ADR**

(CLERK'S ACTION REQUIRED)

☐ Plaintiff/Petitioner ☐ Defendant/Respondent requests participation in the
following alternative dispute resolution process pursuant to Thurston County LCR 87.

☐ **Mediation** ☐ **Peer-Attorney Settlement Conference**

***The Names, Addresses and Telephone Numbers of ALL Counsel
and parties in this action must be provided on the second page.***

The nature of this proceeding is (**select only one**):

- ☐ Motor Vehicle Injuries ☐ Other Physical Injuries ☐ Wrongful Termination
☐ Other Torts ☐ Real Property Dispute ☐ Employment Discrimination
☐ Administrative Law ☐ Contract Law Other: _____

DATED this _____ day of _____, 2020.

Signed

Print Name

Attorney for:

Address:

Phone:

LIST NAME, ADDRESS & PHONE OF ALL OTHER ATTORNEYS OR PRO SE PARTIES

WASHINGTON STATE SUPERIOR COURT
THURSTON COUNTY
2000 Lakeridge Drive SW
Olympia, Washington 98502
(360) 786-5560

Name: _____
Attorney for: _____
Address: _____

Phone: _____
E-mail: _____

Name: _____
Attorney for: _____
Address: _____

Phone: _____
E-mail: _____

Name: _____
Attorney for: _____
Address: _____

Phone: _____
E-mail: _____

Name: _____
Attorney for: _____
Address: _____

Phone: _____
E-mail: _____

Name: _____
Attorney for: _____
Address: _____

Phone: _____
E-mail: _____

Name: _____
Attorney for: _____
Address: _____

Phone: _____
E-mail: _____

Name: _____
Attorney for: _____
Address: _____

Phone: _____
E-mail: _____

Name: _____
Attorney for: _____
Address: _____

Phone: _____
E-mail: _____