

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR SKAGIT COUNTY

<p>Plaintiff/Petitioner,</p> <p>vs.</p> <p>Defendant/Respondent.</p>	<p>NO.</p> <p>NOTE FOR SPECIAL SET HEARING</p> <p>MUST BE PREVIOUSLY APPROVED BY COURT ADMINISTRATION</p>
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Note for Special Set Hearing.

Please take note that the issue in this case will be heard on the date and time indicated, and that the Clerk is requested to note the same on the case docket for that day.

Dated: _____

Signature of Attorney or Party

Print or Type Name; WSBA # if Attorney

Address: _____

Telephone: _____

Date and Time of Hearing

Nature of Hearing

Names/Addresses of Other Attorneys or Parties Pro Se

If Attorney, Party Represented

CERTIFICATE OF MAILING: I certify that I mailed a copy of this document to the attorneys/parties listed hereon, postage prepaid on the _____ day of _____, 20____. Signed: _____