

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.

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 Fifty thousand dollars (\$50,000.00) exclusive of attorney fees, interests and costs.
- This case is not subject to mandatory arbitration because:
  - Plaintiff's claim exceeds Fifty thousand dollars (\$50,000).
  - Plaintiff seeks relief other than a money judgment.
  - Defendant's counter or cross claim exceeds Fifty thousand dollars (\$50,000).
  - Defendant's counter or cross claim seeks relief other than a money judgment.
- The undersigned contends that its claim exceeds Fifty thousand dollars (\$50,000) but hereby waives any claim in excess of Fifty thousand dollars (\$50,000) for purposes of arbitration.

**MAIL THIS COMPLETED FORM TO:**  
**Lewis County Clerk, 345 W Main St, MS:CLK01, Chehalis WA 98532-1900.**

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 \_\_\_\_\_