KITSAP COUNTY DISTRICT COURT, STATE OF WASHINGTON

_____, Plaintiff, vs. _____, Defendant.	NO. **NOTE FOR HEARING AND DECLARATION OF MAILING OR DELIVERY** ☐ CIVIL ☐ SMALL CLAIMS

PLEASE TAKE NOTICE that the motion attached hereto and filed with the court will be heard on _____, the _____ day of _____ 20_____, at _____ a.m./p.m.,

at: 614 Division Street, Rm 104
Port Orchard, Washington

USER NOTE: Please obtain the date and time for the hearing from the District Court clerk. If you fail to do so, your matter will not be heard and sanctions may be imposed against you.

USER NOTE: Your motion and this Note for Hearing must be filed with the court and delivered to the opposing party(s), at least five (5) days prior to the hearing date, exclusive of holidays and weekends. Some types of motions require more than five (5) days notice. If using the mail for delivery, add three (3) days for mailing, exclusive of holidays and weekends.

(Please review CRLJ 5, CRLJ 6 and any other applicable court rules, which are found in the Washington State Court Rules and are available for review in the county's law library.) Motions not properly delivered and with proof of delivery on file with the court will not be heard and sanctions may be imposed against you.

PROOF OF DELIVERY

☐ Hand-Delivery: The undersigned personally hand-delivered to the following party(s), at the address(es) shown, the attached Note for Hearing, Motion and Declaration:

☐ Delivery by Mail: I certify that on _____, 20_____, at _____ a.m./p.m., I did deposit into the US Mail, proper postage applied, a copy of this Note for Hearing and of the attached Motion and Declaration to the following person(s) at the address(es) shown:

_____ Name	_____ Name
_____ Mailing Address	_____ Mailing Address
_____ City State Zip	_____ City State Zip

I certify under penalty of perjury, under the laws of the State of Washington, that the foregoing statements are true and correct.

Signature: _____

Printed Name: _____

Signed at (City/State): _____

Date: _____

_____
Mailing Address

_____
City State Zip

Telephone No.: (_____) _____