

SUPERIOR COURT OF WASHINGTON FOR KITSAP COUNTY

_____, Plaintiff, vs. _____, Defendant.	No. _____ AVAILABLE HEARING DATES
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The available dates for a hearing in this case are roughly between _____ and _____. To assist the arbitrator in setting a convenient hearing date, please list those dates which are preferred and those which are not acceptable.

<u>Preferred Dates</u>	<u>Unacceptable Dates</u>
1.	1.
2.	2.
3.	3.
4.	4.

I estimate that this case will require _____ hours to hear.

Signed: _____
Printed Name: _____
Address: _____

Telephone No.: _____

This form to be returned within 14 days of receipt to:

Court Administrator
Kitsap County Superior Court
614 Division Street, MS-24
Port Orchard, WA 98366