



**SUPERIOR COURT OF WASHINGTON
COUNTY OF KITSAP**

v.

Plaintiff(s),

No.

AVAILABLE HEARING DATES

Defendant(s).

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.

PREFERRED DATES	UNACCEPTABLE DATES
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:

Arbitration/Mediation Manager
Kitsap County Superior Court
614 Division Street, MS-24
Port Orchard, WA 98366