**Superior Court of Washington**

 **County of Kitsap**

|  |  |
| --- | --- |
| Plaintiff(s), v.  Defendant(s). |  No. AVAILABLE HEARING DATES |

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