

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
IN AND FOR THE COUNTY OF SNOHOMISH**

<p style="text-align: center;">(Insert Petitioner's/Plaintiff's Name Above)</p> <p style="text-align: center;"><b>Plaintiff,</b></p> <p style="text-align: center;"><b>vs.</b></p> <p style="text-align: center;">(Insert Respondent's/Defendant's Name Above)</p> <p style="text-align: center;"><b>Defendant.</b></p>	<p><b>No.</b></p> <p><b>REQUEST FOR TRIAL DE NOVO SEALING OF THE AWARD AND NOTE FOR TRIAL SETTING</b></p>
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**REQUEST FOR TRIAL DE NOVO**

A trial de novo from the award filed \_\_\_\_\_ (mm/dd/yyyy) is requested by \_\_\_\_\_ in this case pursuant to MAR 7.1 and SCLMAR 7.1. The de novo appeal is brought against the following party(s):

\_\_\_\_\_ (insert names above)

I request that the arbitration award and any memorandum decision filed by the arbitrator be sealed by the Clerk pursuant to SCLMAR 7.2

A jury demand and fee  have  have not been previously filed with the Clerk pursuant to CR 38. A jury trial is scheduled for \_\_\_\_\_ (mm/dd/yyyy).

If no trial is currently set, the Note for Trial Setting below MUST be completed.

**USE THE FORM BELOW TO SET A TRIAL DATE**

I hereby affirm that although this case has been arbitrated it is still at issue; that no affirmative pleading remains unanswered; that to my knowledge no other parties will be served with summons; and that the case in all respects is ready for trial.

Type of case: \_\_\_\_\_ Estimated trial time: \_\_\_\_\_ day(s).

Date requested for assignment of trial \_\_\_\_\_ (mm/dd/yyyy) at 10:00 AM.  
A Notice for Trial Setting will be mailed to parties no later than three (3) weeks after the  
dated requested for trial setting indicated herein.

**IT IS NOT NECESSARY TO APPEAR FOR TRIAL SETTING**

NOTE: File the original of this form with the Clerk and pay the \$400.00 trial de novo fee;  
serve a copy on the Arbitration Coordinator, Superior Court Administration Office, 5<sup>th</sup> Floor  
Courthouse and on all other parties.

Signed: \_\_\_\_\_  
(your signature)

Dated: \_\_\_\_\_ (mm/dd/yyyy)

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Attorney for:  Plaintiff  Respondent

Certificate of Mailing

I certify that I mailed a copy of this document to the attorney(s)/party(s) listed hereon,  
postage prepaid, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

Other attorney(s) and/or Parties:

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Attorney for: _____	Attorney for: _____
_____	_____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Attorney for: _____	Attorney for: _____
_____	_____