

**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) Plaintiff,</p> <p style="text-align: center;">vs.</p> <p style="text-align: center;">(Insert Respondent's/Defendant's Name Above) Defendant.</p>	<p>No.</p> <p>REQUEST FOR TRIAL DE NOVO, REQUEST TO SEAL ARBITRATION AWARD, AND NOTE FOR TRIAL SETTING</p> <p>[Clerk's action required]</p>
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I. REQUEST FOR TRIAL DE NOVO

A trial de novo from the Arbitration Award filed on _____ (date) is requested by _____ (name of aggrieved party) in this case pursuant to SCCAR 7.1 and SCLMAR 7.1. The de novo appeal is brought against the following party(parties): _____

(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

Signature of aggrieved party _____

II. JURY DEMAND CERTIFICATION

A jury demand and fee have have not been previously filed with the Clerk pursuant to CR 38. A jury trial is scheduled for _____(date).
If no trial is currently set, the Request for a Trial Date below MUST be completed.

III. REQUEST FOR A TRIAL DATE (Note for Trial Setting)

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 a summons; and that the case in all respects is ready for trial.

On _____ (mm/dd/yyyy) at 10:00 a.m. this case will be presented to Court Administration for a trial setting.

Type of case: _____ Estimated Days for Trial: _____
(For example, Civil, Family Law, etc.)

Signed: _____ **Date:** _____
(Attorney for aggrieved party/Aggrieved Party)

Printed name: _____ Phone: _____

Address: _____

Telephone: _____

Certificate of Mailing

I certify that I mailed a copy of this document to the attorney(s)/party/(parties) listed below, postage prepaid, on the _____ day of _____, 20____.

Signed: _____

Printed name: _____

Other attorney(s) and/or Parties: (continue list on another sheet if needed)

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

INSTRUCTIONS:

1. Fill out this form. Be sure to Sign and Date it at each place indicated.
2. File the original of this form with the Superior Court Clerk (located on the 2nd Floor of the Mission Building) and pay the \$400.00 trial de novo fee.
3. Serve a copy of this form on the Arbitration Coordinator (located on the 5th Floor of the Courthouse) in the Superior Court Administration Office.
4. Serve a copy of this form on all other parties in the case.