

(Copy Receipt)

(Clerk's Date Stamp)

SUPERIOR COURT OF WASHINGTON, COUNTY OF SPOKANE

STATE OF WASHINGTON, Plaintiff,  
vs.

CASE No. \_\_\_\_\_  
\*\*\*LFO INTEREST WAIVER\*\*\*  
CRIMINAL MOTION CALENDAR  
NOTE FOR HEARING-ISSUE OF LAW  
(NTMTDK)

Defendant IN-CUSTODY - DOB \_\_\_\_\_

TO THE CLERK OF THE COURT AND TO: \_\_\_\_\_

The undersigned has scheduled a motion for: WAIVER OR REDUCTION OF LFO INTEREST, a copy of which is attached.

The hearing is scheduled for Wednesday, \_\_\_\_\_  2:30 p.m.

Date

to be heard at :

SPOKANE COUNTY SUPERIOR COURT  
CRIMINAL PRESIDING DEPARTMENT  
1116 WEST BROADWAY  
SPOKANE, WA 99260-0350

TRANSPORT REQUIRED

LENGTH OF HEARING: \_\_\_\_\_

WITNESS TESTIMONY REQUIRED

NOTICE: Motions must be confirmed no later than 12:00 noon the Monday before the hearing by calling the Criminal Presiding Department. See LCrR 4.5. Working copies must be provided to the Criminal Presiding Department at time of filing.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ (print/type) Opposing Counsel Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Bar No. \_\_\_\_\_ Phone \_\_\_\_\_ Bar No. \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

AUTHORITIES

Cite those authorities which form primary basis for your legal position. Where case authority is cited, provide reference to specific page of opinion which is controlling. Likewise reference applicable sections or subsection of statutes or court rules. This does not substitute for required Memorandum of Authorities.

Applicable Court Rule: \_\_\_\_\_

Applicable Statute: \_\_\_\_\_

Applicable Case Law: \_\_\_\_\_