

(Copy Receipt)

(Clerk's Date Stamp)



**SUPERIOR COURT OF
WASHINGTON
COUNTY OF SPOKANE**

Plaintiff(s): _____

vs.

Defendant(s): _____

CASE NO. _____

REQUEST FOR TRIAL DE NOVO
AND SEALING OF CIVIL
ARBITRATION AWARD

(RTDNSA)

TO: The Clerk of the Court and all parties:

I. Please take notice that _____ (name of aggrieved party)
requests a trial de novo from the award filed on _____ (date).
A trial de novo is requested in this case pursuant to SCCAR 7.1 and LSCCAR 7.1.

II. THE ARBITRATION AWARD SHALL BE SEALED PURSUANT TO SCCAR 7.1
AND LSCCAR 7.1.

Pursuant to SCCAR 7.1 this notice must be signed by the aggrieved party.

Dated: _____

Signed: _____

Printed Name: _____

A filing fee of \$250 is required by the Spokane County Clerk.

Lawyer for Plaintiff

Lawyer for Defendant

Firm Name

Firm Name

Address

Address

Telephone

Telephone

WSBA # _____

WSBA # _____

FILE WITH THE SPOKANE COUNTY CLERK'S OFFICE and provide a copy to the Civil Arbitration Department, Superior Court Administrator's Office, 1116 W. Broadway, Spokane, WA 99260.