

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

<p>_____</p> <p>Petitioner/Plaintiff(s)</p> <p style="text-align: center;">vs.</p> <p>_____</p> <p>Respondent/Defendant(s)</p>	<p>CASE NO. _____</p> <p>RESPONSE TO STATEMENT OF ARBITRABILITY</p>
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TO: **The Clerk of the Court; the Arbitration Coordinator (by separate copy serviced at Superior Court Administration Office, 5th Floor Courthouse) and the attorneys or parties listed below:**

RESPONSE TO STATEMENT OF ARBITRABILITY

The undersigned disagrees with the Initial Statement of Arbitrability in this case and contends that the case:

(Check one)

- IS** subject to civil arbitration; or
- IS NOT** subject to civil arbitration

This case IS ARBITRABLE because:

- The sole relief sought is a money judgment and involves no claims, counterclaims, or cross claims in excess of \$100,000 exclusive of attorney fees, interest and costs; or
- The sole relief sought, regardless of the number or amount of payments, is the establishment, modification or termination of child support or maintenance; or
- The undersigned, for the purpose of arbitration, waives any claim in excess of \$100,000.00 exclusive of attorney fees, interest and costs.

This case is NOT ARBITRABLE because:

- Relief other than or in addition to a money judgment is being sought and/or a claim, counterclaim or cross claim exceeds \$100,000.00 exclusive of attorney fees, interest and costs; or
- This domestic law suit does presently involve issues other than, or in addition to the establishment, modification or termination of child support, maintenance payments or arrearages; or
- This case is an appeal from a Municipal or District Court decision.
- This case is statutorily exempt from mandatory arbitration. RCW _____

NOTE: Motions contesting the initial arbitrability must be noted for hearing within twenty one (21) days from the date this response is filed and served. SCLMAR 2.2(a).

CERTIFICATE OF MAILING

I certify that I mailed a copy of this document to the attorneys listed hereon, postage prepaid on the

Date (mm/dd/yyyy): _____

NOTE: File the original of this document with the Clerk of the Court: Serve a copy on the Arbitration Coordinator, Superior Court Administration, 5th Floor & a copy on all parties.

(Signature)

Date (mm/dd/yyyy): _____

WSBA #: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

ATTORNEY FOR: (Check one)

Petitioner/Plaintiff

Respondent/Defendant

PLEASE LIST THE NAMES, ADDRESSES, ETC. OF ALL OTHER ATTORNEYS IN THIS CASE AND/OR ALL OTHER PARTIES REQUIRING NOTICE.

NAME: _____ WSBA #: _____
TELEPHONE: _____
ADDRESS: _____ ATTORNEY FOR: (Check one)
 Petitioner/Plaintiff
 Respondent/Defendant

NAME: _____ WSBA #: _____
TELEPHONE: _____
ADDRESS: _____ ATTORNEY FOR: (Check one)
 Petitioner/Plaintiff
 Respondent/Defendant

NAME: _____ WSBA #: _____
TELEPHONE: _____
ADDRESS: _____ ATTORNEY FOR: (Check one)
 Petitioner/Plaintiff
 Respondent/Defendant

NAME: _____ WSBA #: _____
TELEPHONE: _____
ADDRESS: _____ ATTORNEY FOR: (Check one)
 Petitioner/Plaintiff
 Respondent/Defendant

NAME: _____ WSBA #: _____
TELEPHONE: _____
ADDRESS: _____ ATTORNEY FOR: (Check one)
 Petitioner/Plaintiff
 Respondent/Defendant