IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF CLARK

|  |  |  |
| --- | --- | --- |
| Plaintiff,  vs.  Defendant | )  )  )  )  )  )  )  )  )  )  ) | No.  STATEMENT OF ARBITRABILITY  (CLERK’S ACTION REQUIRED) |

**I. CERTIFICATE OF ARBITRABILITY**

[ ] This case is subject to arbitration because the sole relief sought is a money judgment and it involves no claim in excess of $100,000, exclusive of attorney fees, interest, and cost. ***Per RCW 36.18.016(25) and Clark county Ordinance 2003-04-24, a mandatory arbitration fee of $220.00 is due upon filing of this document.***

[ ] The undersigned contends that its claim exceeds $100,000 but for the purposes of arbitration, waives any claim in excess of $100,000, exclusive of attorney fees, interest, and cost. ***Per RCW 36.18.106(25) and Clark County Ordinance 2003-04-24, a mandatory arbitration fee of $220.00 is due upon filing of this document.***

**II. CERTIFICATE OF READINESS**

The undersigned attorney certifies that:

a. All parties have been joined and served;

b. All answers and other mandatory pleadings have been filed and served;

c. No additional claims or defenses will be raised;

d. This is **not** an appeal from a lower court;

e. Relief other than a money judgment is **not** being sought; and

f. All counsel and/or self-represented parties have been served with a copy of this State of Arbitrability.

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

Name: \_\_\_\_

WSBA No.

Attorney for:

Address:

Phone:

E-mail:

Unless excluded from Local Rule 40 (see Local Rule 40(b)), this Statement of Arbitrability shall be **filed and served** on all parties **no later than ten (10) court days prior to the Scheduling Conference** (Local Rule 40(c)(4) and LMAR 2.1(a)(2)). Thereafter, a Statement of Arbitrability may be filed only by leave of Court. A courtesy copy of the Statement of Arbitrability shall also be provided to Superior Court Administration and the assigned judicial department at the time of filing.

**List name, address, and phone number of all parties requiring notice.**

Name: Name:

Attorney for: Attorney for:

Address: Address:

Phone: Phone:

E-mail: E-mail: