

[] EXPEDITE (If filed within 5 court days of hearing)

[] Hearing is set

Date:

Time:

Zoom #:

Rm:

Judge/Calendar: Indu Thomas/

**Superior Court of Washington for
Thurston Co./Family & Juvenile Court**

In re:

Plaintiff(s)/Petitioner(s),

v.

Defendant(s)/Respondent(s):

No.

**Notice of Disqualification
Of judge Indu Thomas**

By _____

(RCW 4.12.050)

**(A matter of right, non-
discretionary) Clerk's action**

(Cover Sheet)

TITLE OF DOCUMENT

NOTICE of Disqualification of judge Indu Thomas

by _____

NAME: _____

Mailing ADDRESS: _____

City: _____

State: _____

Zip : _____

PHONE: _____

Notice of Disqualification (RCW 4.12.050)

e-mail: _____

Name: _____

1

Addr: _____

Ph.()

