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 SUPERIOR COURT OF WA.
 SHARON K. FOGO
 BY BP a DEPUTY

Superior Court of Washington, County of Mason

Jenna Allred
 Plaintiff/Petitioner

Robert W. Allred Jr
 Defendant/Respondent

No. 20-2-00213-23

Notice of Hearing
 (NTHG)
 Clerk's action required

20-2-00213-23
 NTHG 26
 Notice of Hearing
 10791127



Notice of Hearing

To the Court Clerk and all parties:

1. Please take note that a court hearing has been scheduled:

for: 8/23/21 at: 9:00 a.m. p.m.

Interpreter needed for Plaintiff/Petitioner Defendant/Respondent Both
 Type of Interpreter: Spanish Other _____

Mason County Superior Court
 at: 419 N. 4th, Shelton, WA 98584 (look for posted sign in courthouse as to which courtroom)

2. The purpose of this hearing is (specify): Motion for Default Motion for Summary Judgment
 Show Cause Hearing Other: Renew DVPO

3. The hearing should be scheduled on the following court calendar:

- | | | |
|---|--|---|
| <input type="checkbox"/> Criminal
(Monday at 9:00 a.m.) | <input type="checkbox"/> Civil and Revisions
(Monday 1:30 p.m.) | <input type="checkbox"/> Criminal Show Cause
(Tuesday 9:00 a.m.) |
| <input checked="" type="checkbox"/> Protection Order
(Monday - Friday 9:00 a.m.) | <input type="checkbox"/> At-Risk-Youth/CHINS
(Monday 3:00 p.m.) | <input type="checkbox"/> Offender
(Tuesday 9:30 a.m.) |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Dependency
(Thursday 1:30 p.m.) |

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Hearings are to be confirmed by e-mail at superiorcourt-confirm@co.mason.wa.us or by phone at (360) 427-9670 ext. 346 or in person, as required by LCR 7 and LSPR 94.04. Mailing address: Mason County Clerk / P.O. Box 340 / Shelton, WA 98584

4. Person scheduling this hearing

Petitioner or his/her lawyer Respondent or his/her lawyer

[Signature]
 Person asking for this hearing signs here
251 SE Arcadia Pl
 Mailing Address
360-888-7816
 Phone

Jenna Allred
 Print name (if lawyer, also list WSBA #)
Shelton WA
 City/State/Zip
98584
 Date
jenna@richardbeckman.com
 E-mail Address

Petitioner Respondent: I have received a copy of this document and _____

 Person receiving copy signs here Print name (if lawyer, also list WSBA #) Date

5. Declaration of Service

I declare that on _____ 20____, I deposited in the United States mail delivered through a legal messenger service personally delivered a copy of this notice of hearing along with _____

_____ to all the people listed below in section 6.

I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct.

Signed at _____ on _____
 City State Date signed

 Signature Printed Name

Names and Contact Information of Everyone Notified of this Hearing

Name: _____	Name: _____
Attorney for: _____	Attorney for: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____
Email: _____	Email: _____
Name: _____	Name: _____
Attorney for: _____	Attorney for: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

Attach more pages if needed.