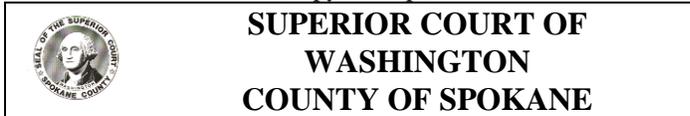


(Copy Receipt)

(Clerk's Date Stamp)



Plaintiff(s): _____

vs.

Defendant(s)t: _____

CASE NO. _____

**REQUEST FOR TRIAL DE NOVO
AND SEALING OF MANDATORY
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 _____
- II. A trial de novo is requested in this case pursuant to MAR 7.1 and LMAR 7.1.
- III. THE ARBITRATION AWARD SHALL BE SEALED PURSUANT TO MAR 7.1 AND LMAR 7.2.

A filing fee of \$250 is required by the Spokane County Clerk, effective 1-1-03.

Lawyer for Plaintiff

Lawyer for Defendant

Firm Name

Firm Name

Address

Address

Telephone

Telephone

WSBA #

WSBA #

Dated: _____

Signed: _____

Signed: _____

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