

SUPERIOR COURT OF WASHINGTON, COUNTY OF KING

Petitioner/s *(person/s who started this case)*:

And Respondent/s *(other party/parties)*:

No. _____

Notice of Court Date- Default with an
Appearance
(NTHG)

Notice of Court Date

Use this form only if:

- *You are trying to get an Order of Default, and*
- *The other party has appeared in the case, but not filed a response.*

To the Court Clerk and all parties:

1. A court hearing has been scheduled for Friday, _____ at 1:30 p.m.,
(date)
at 516 Third Avenue, Seattle, WA 98104, in room W331.
2. The purpose of this hearing is to decide whether to sign an Order of Default because
_____ has not filed a response in this case.
(name of the other party)
3. **This hearing will not take place in person.** Parties must appear by phone. To appear for
the hearing call the court at 1:30 on the date listed above. Call (206) 263-8114 and enter
conference ID number 504484#.

Warning! If you do not appear by phone for the hearing, the court may sign orders without
hearing your side.

This hearing was requested by: ☐ Petitioner or his/her lawyer ☐ Respondent or his/her lawyer



Person asking for this hearing signs here

Print name (if lawyer, also list WSBA #)

Date

I agree to accept legal papers for this case at:

address

city state zip

Email: _____

This does **not** have to be your home address. If this address changes before the case ends, you **must** notify all parties and the court clerk in writing. You may use the *Notice of Address Change* form (FL All Family 120). A party must also update his/her *Confidential Information* form (FL All Family 001) if this case involves parentage or child support.

Fill out a box for each party who needs to be informed about this court date (including any Guardian Ad Litem, CASA, or Deputy Prosecuting Attorney, with Family Support Unit).

You must serve a copy of this form, with all motion documents, on all of these parties.

Name _____ WSBA# _____ Attorney for: _____ Service Address: _____ City, State, Zip _____ Email Address: _____ Telephone #: _____	Name _____ WSBA# _____ Attorney for: _____ Service Address: _____ City, State, Zip _____ Email Address: _____ Telephone #: _____
Name _____ WSBA# _____ Attorney for: _____ Service Address: _____ City, State, Zip _____ Email Address: _____ Telephone #: _____	Name _____ WSBA# _____ Attorney for: _____ Service Address: _____ City, State, Zip _____ Email Address: _____ Telephone #: _____