

SUPERIOR COURT OF WASHINGTON, COUNTY OF COWLITZ

In Re:

No: _____

ADOPTION CALENDAR NOTICE

A person under the age of eighteen.

****Clerk's Action Required****
(NTMTDK)

To: Cowlitz County Clerk

To: All parties/GAL/State and/or attorneys listed at end

Place: To be ruled upon by the presiding calendar judicial officer at Cowlitz County Youth Services Center, 1725 1st Avenue, Longview, WA 98632. **You must appear in person and must respond in writing.**

NOTICE: A COURT HEARING AFFECTING YOUR RIGHTS WILL BE HELD ON THE DATE BELOW. READ THIS NOTICE CAREFULLY FOR INSTRUCTIONS.

TUESDAY, _____, 2026, ADOPTION CALENDAR 1:00PM

REASON FOR COURT DATE: _____

YOU MUST SUBMIT PROPOSED (DRAFT) ORDERS FOR THE COURT TO SIGN. YOU MUST SUBMIT ANY REQUIRED PAYMENT TO THE COURT AT LEAST SEVEN (7) DAYS IN ADVANCE.

Name: _____

Address: _____

Phone: _____

-WARNING-
**YOU MUST RESPOND IN WRITING. YOUR WRITTEN RESPONSE MUST BE
FILED WITH THE COURT NO LATER THAN:**

DATE: _____
(The date above must comply with state and local court rules.)

The court will decide this motion (request) based on only the documents filed. If you do not submit documents in time, the court will rule without considering your evidence. You may appear in person for this motion and must submit documents for consideration. See www.courts.wa.gov/forms or www.washingtonlawhelp.org for forms and instructions or purchase from clerk's office. Any filings made less than three (3) days prior to docket will not be available for court review without a bench copy.

Names and addresses of the parties and/or their attorneys in named cause of action. **EMAIL ADDRESS IS REQUIRED FOR HEARING NOTIFICATION:**

1. Name: _____	2. Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____

Proof of Service: The undersigned certifies that all parties and/or counsels have been served a copy of this notice either personally or by mail.

Dated: _____ Submitted by: _____
NAME