

SUPERIOR COURT OF WASHINGTON, COUNTY OF COWLITZ

In Re:

Petitioner,

and

Respondent.

No: _____

FAMILY LAW CALENDAR NOTICE

****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 assigned judicial officer at Cowlitz County Superior Court, Hall of Justice, Second Floor, 312 SW 1st Avenue, Kelso, WA. **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.

**MONDAY, _____, 2026, 1:00PM FAMILY LAW CALENDAR –
SELF REPRESENTED DOCKET A**

(Even 8th digit of case number) (Limited to 15 cases)

**TUESDAY, _____, 2026, 9:00AM FAMILY LAW CALENDAR –
ATTORNEY DOCKET A**

(Even 8th digit of case number) (Limited to 15 cases)

**TUESDAY, _____, 2026, 1:00PM FAMILY LAW CALENDAR –
ATTORNEY AND SELF REPRESENTED DOCKET B**

(Odd 8th digit of case number) (Limited to 20 cases)

REASON FOR COURT DATE: _____

YOU MUST SUBMIT PROPOSED (DRAFT) ORDERS FOR THE COURT TO SIGN.

FAMILY LAW CALENDAR NOTICE

CLERK FORM 1.2026

Page 1 of 2

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 the documents filed at the Superior Court Clerk's Office, located at Hall of Justice, 312 SW First Ave, Second Floor, Room 233, Kelso, WA. Phone: (360) 577-3016. Web: www.co.cowlitz.wa.us/158/Clerk-of-Superior-Court. If you do not submit documents in time, the court will rule without considering your evidence. Any filings made less than three (3) days prior to docket will not be available for court review without a bench copy. You 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. You can also request assistance from Northwest Justice Project (nwjustice.org/clear-online), Timberland Legal Aid (timberlandlegalaid.org), and/or Emergency Support Shelter (essshelter.com).

Names and addresses of the parties and/or their attorneys in named cause of action.

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

Proof of Service: The undersigned certifies that all parties and/or counsels have or will be served a copy of this notice, either personally or by mail, no later than 21 days prior to the hearing date listed on Page 1 of this notice (CCLCR 88).

Dated: _____ Submitted by: _____
NAME