

(Copy Receipt)

(Clerk's Date Stamp)

SUPERIOR COURT OF WASHINGTON, COUNTY OF SPOKANE

STATE OF WASHINGTON, Plaintiff,
vs.

CASE No. _____
**CRIMINAL MOTION CALENDAR
NOTE FOR HEARING-ISSUE OF LAW
(NTMTDK)**

Defendant IN-CUSTODY – DOB _____

TO THE CLERK OF THE COURT AND TO: _____

The undersigned has scheduled a motion for: _____
a copy of which is attached.

The hearing is scheduled for _____ at _____ a.m./p.m.

Date

to be heard at : **SPOKANE COUNTY SUPERIOR COURT
CRIMINAL PRESIDING DEPARTMENT
1116 WEST BROADWAY
SPOKANE, WA 99260-0350**

TRANSPORT REQUIRED

LENGTH OF HEARING: _____

WITNESS TESTIMONY REQUIRED

NOTICE: Motions must be confirmed no later than 12:00 noon the Tuesday before the hearing by calling the Criminal Presiding Department. See LCrR 4.5. Working copies must be provided to the Criminal Presiding Department at time of filing.

Signed _____ Date _____

Name _____ (print/type) Opposing Counsel Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Bar No. _____ Phone _____ Bar No. _____ Phone _____

E-Mail: _____ E-Mail: _____

AUTHORITIES

Cite those authorities which form primary basis for your legal position. Where case authority is cited, provide reference to specific page of opinion which is controlling. Likewise reference applicable sections or subsection of statutes or court rules. This does not substitute for required Memorandum of Authorities.

Applicable Court Rule: _____

Applicable Statute: _____

Applicable Case Law: _____