**KING COUNTY SUPERIOR COURT CIVIL ARBITRATION**

**STIPULATION TO ARBITRATOR**

Case Number:

Case Name:

The parties stipulate to the following person as arbitrator:

Arbitrator's Name:

Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE ARBITRATOR HAS BEEN CONTACTED JOINTLY AND AGREES TO SERVE**.

Signed:                                                        Signed:

Print Name: Print Name:

Attorney for Plaintiff                                        Attorney for Defendant

Dated:             Dated:

Signed:                                                        Signed:

Print Name: Print Name:

Attorney for Plaintiff                                        Attorney for Defendant

Dated:             Dated:

**RETURN THIS FORM BY E-MAIL TO:** [**SCArbitration@KINGCOUNTY.GOV**](mailto:SCArbitration@KINGCOUNTY.GOV)

**If you are unable to email the form it may be faxed to (206) 205-0545, or mailed to:**

**KING COUNTY SUPERIOR COURTHOUSE**

**CIVIL ARBITRATION DEPARTMENT**

**516 THIRD AVE,  STE. C-203**

**SEATTLE WA  98104**