Click to Select DCYF Office

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON FOR KING COUNTY

JUVENILE DIVISION

|  |  |
| --- | --- |
| In re the Dependency of:  \*NAME  Minor Child. | **No:**  **Note for Calendar – Juvenile Dependency Motions**  **(Clerk’s Action Required)** |

The Clerk of the Court is requested to please note the dependency matter:

**CALENDAR:** Click to select

**ZOOM CONNECTION:** Choose an item.

**TYPE OF HEARING:** Click to select

**ARGUMENT:** Click to select

**NATURE OF HEARING**: Click to enter text

**HEARING LENGTH:** Estimate Click to enter text Minutes

**DATE OF HEARING:** Click to select date (approved by coordinators)

**TIME OF HEARING:** Click to enter text Click to select

Dated: 6/3/2022

Attorney Name and Bar Number

Office Address

Phone and Email

Notice to Attorneys/Parties of Record: