IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

FOR [\_\_\_] COUNTY

| ,  Petitioner/Appellant,  v.       ,  Respondent |  | NO.  COURT OF APPEALS  NO.  STATEMENT OF ARRANGEMENTS |
| --- | --- | --- |

[Name of Party/Attorney], [attorney for] Appellant, states that on \_\_\_\_, 20\_\_, Appellant ordered transcription of the original and one copy of the verbatim report of proceedings in this case from [name and address of person doing the transcribing].

Appellant arranged to pay the cost of transcription as follows: [describe arrangements for paying].

Hearing dates to be transcribed Judge

1. x/x/xxxx Hon. Judge [ ]

\_\_ A complete verbatim report of proceedings has been ordered.

OR

\_\_ A partial report has been ordered. In compliance with RAP 9.2, the following issues will be presented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated this       day of      , 20

|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  [Name, address, telephone number, and Washington State Bar Association membership number of attorney] |
| --- | --- |

**DECLARATION OF SERVICE**

The undersigned certifies under penalty of perjury that on            , 20     , I caused service of the foregoing to the following of:

| *Attorney for Respondent:*    FIRM NAME  Address:    WSBA #  Ph:  Fax:  Email: | ☐ via U.S. Mail  ☐ via Hand Delivery  ☐ E-Service  ☐ via Facsimile  ☐ via E-mail w/ hard copy to follow per agreement  ☐ via Overnight Mail |
| --- | --- |
| *Transcriptionist:*    FIRM NAME  Address:    WSBA #  Ph:  Fax:  Email: | ☐ via U.S. Mail  ☐ via Hand Delivery  ☐ E-Service  ☐ via Facsimile  ☐ via E-mail w/ hard copy to follow per agreement  ☐ via Overnight Mail |

**Dated:**            , 20

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

Signature

[Name, address, telephone number, and Washington State Bar Association membership number of attorney]