SKAGIT COUNTY DISTRICT COURT
Larry E. Moller Building
600 S. Third Street
PO Box 340 Mount Vernon, WA 98273
Phone: (360) 336-9319 Fax: (360) 336-9318

_____ **Plaintiff,** **vs** _____ **Defendant.**	**Small Claims No. _____**

I hereby request the following in the above-entitled cause:

_____ A certified copy of the judgment ($5.00 fee)

_____ Transfer the judgment to the civil docket

_____ A transcript for filing in Superior Court ($20.00 fee)

_____ An abstract of judgment for damages to be sent to the Department of Licensing in Olympia (only in cases where the judgment is awarded as a result of damages from an automobile accident.)

_____	_____
Date	**Signature**
	_____
	Address
	_____
	City State/Zip