

_____ Court of Washington For _____ County
IN RE THE MATTER OF: _____ Petitioner FOR _____ Minor Child _____

No.
NOTICE OF HEARING

To: _____

1. This matter has been scheduled for hearing:

On: _____ [date] At: _____ [time]

Location: Okanogan County District Court, 149 3rd Ave. N., Okanogan, WA 98840
Check courtroom assignment the day of court. (Posted in hallway.)
 509-422-7170 P.O. Box 980, Okanogan, WA 98840

2. The purpose of the hearing is to determine whether the relief requested in the Petition for Change of Name for Minor Child should be granted.
3. If you believe that granting the petition would not be in the best interests of the child you may appear and show cause at the time of the hearing.

Presented by:

 Petitioner Date