



1-11-02  
M

PIERCE COUNTY SUPERIOR COURT, STATE OF WASHINGTON

FILED  
PIERCE COUNTY CLERK'S OFFICE  
PIERCE COUNTY, WASHINGTON

A.M. JAN - 2 2002 P.M.

KIRBY, JOSEPH J

KIRBY, DEBORAH A

Plaintiff(s),

vs.

CITY OF TACOMA

CORPUZ, RAY

Defendant(s).

Case No. 99-2-13911-4

BOB SAN SOUCIE  
COUNTY CLERK  
DEPUTY

NOTE FOR MOTION DOCKET

(RE - NOTE)

TO THE CLERK OF THE SUPERIOR COURT:

NAME JOHN LOUIS MESSINA WSB# 4440  
ADDRESS 5316 ORCHARD ST W ATTORNEY FOR Plaintiff  
TACOMA WA 98467 PHONE (253) 472-6000

(Please note additional attorneys on an attached page)

Please take notice that the undersigned will bring on for hearing a motion for:

The hearing is requested to be held during the regular motion calendar on:

DATE REQUESTED FOR HEARING/MOTION  
January 11, 2002 at 9:00 am

Nature of Case: Miscellaneous

Dated: January 2, 2002

Signed:

NAME STEPHEN MICHAEL HANSEN WSB# 15642

ADDRESS 950 PACIFIC AVENUE / SUITE 450 ATTORNEY FOR Defendant

TACOMA WA 98402 PHONE (253) 383-1964

THE ABOVE INFORMATION MUST BE COMPLETED AND SIGNED

ORIGINAL

PIERCE COUNTY SUPERIOR COURT, STATE OF WASHINGTON

ADDITIONAL ATTORNEYS

Case No. 99-2-13911-4 NOTE FOR Motion Docket

NAME JEFFREY HOWARD SADLER WSB# 27136  
 ADDRESS 17316 29TH AVE E ATTORNEY FOR Plaintiff  
TACOMA WA 98445 PHONE (253) 472-6000

NAME SHELLEY MARIE KERSLAKE WSB# 21820  
 ADDRESS TACOMA CITY ATTY OFFICE / 747 MARKET S ATTORNEY FOR Defendant  
TACOMA WA 98402 PHONE (253) 591-5885

NAME \_\_\_\_\_ WSB# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ATTORNEY FOR \_\_\_\_\_  
 \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ WSB# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ATTORNEY FOR \_\_\_\_\_  
 \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ WSB# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ATTORNEY FOR \_\_\_\_\_  
 \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ WSB# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ATTORNEY FOR \_\_\_\_\_  
 \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ WSB# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ATTORNEY FOR \_\_\_\_\_  
 \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ WSB# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ATTORNEY FOR \_\_\_\_\_  
 \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ WSB# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ATTORNEY FOR \_\_\_\_\_  
 \_\_\_\_\_ PHONE \_\_\_\_\_