

Superior Court of Washington, County of _____

In re:

Petitioner/s (*person/s who started this case*):

And Respondent/s (*other party/parties*):

No. _____

Motion to Correct, Amend, or Vacate
Unconfirmed Arbitration Award
(MT)

**Motion to Correct, Amend, or Vacate
Unconfirmed Arbitration Award**

To both parties:

Deadline! Your papers must be filed and served by the deadline in your county's Local Court Rules, or by the State Court Rules if there is no local rule. Court Rules and forms are online at www.courts.wa.gov.

If you want the court to consider your side, you **must**:

- File your original documents with the Superior Court Clerk; AND
- Give the Judge/Commissioner a copy of your papers (if required by your county's Local Court Rules); AND
- Have a copy of your papers served on all other parties or their lawyers; AND
- Go to the hearing.

The court may not allow you to testify at the motion hearing. Read your county's Local Court Rules, if any.

Bring proposed orders to the hearing.

To the person filing this motion:

You must schedule a hearing on this motion. You may use the *Notice of Hearing* (form FL All Family 185) unless your county's Local Court Rules require a different form. Contact the court for scheduling information.

To the person receiving this motion:

If you do not agree with the requests in this motion, file a statement (using form FL All Family 135, *Declaration*) explaining why the court should not approve those requests. You may file other written proof supporting your side.

1. **My name is:** _____

2. Arbitration Award (Decision) *(attach a copy)*

The arbitrator gave notice of the award or corrected award on *(date)* _____.

I received the award on *(date)* _____.

The award has **not** been confirmed by a court.

Important! You must file this motion within **90 days** of the arbitrator giving notice of the award (or any corrected award).

If this motion is based on fraud, corruption, or other under means affecting the arbitration award, you must file within **90 days** of when you learned (or should have learned, if you had exercised reasonable care) about that issue.

Fraud, corruption, other undue means. I found out about fraud, corruption, or other undue means affecting the arbitration award on *(date)* _____.

3. Relief Requested

I ask the court to **correct** **amend** **vacate** the arbitration award for the following reasons *(check all that apply)*:

Correct

- The award has a mathematical error, or a description related to a person, thing, or property is incorrect.
- The award is imperfect in a matter of form that does not affect the merits of the award.
- The arbitrator made an award on a dispute not submitted to them. The award may be corrected without affecting the merits of the issues submitted.

Amend or Vacate

- The award was affected by corruption, fraud, or other undue means.
- The arbitrator showed evidence of partiality or was corrupt.
- The arbitrator substantially prejudiced my rights by:
 - refusing to postpone the hearing after I showed sufficient cause to postpone.
 - refusing to consider evidence material to the controversy.
 - conducting the hearing in a matter inconsistent with law.
 - committing misconduct.
- The arbitrator exceeded their powers.
- There was no arbitration agreement.
- The arbitration was conducted without proper notice to me.

Parenting or Child Support Dispute

- The arbitration involved a child-related dispute and *(Also may check any of the above)*:
 - is contrary to the best interest of the child.
 - does not state the reasons it is based on as required by Washington State law.

Person making this motion fills out below

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true. I have attached (*number of*): _____ pages.

Signed at (*city and state*): _____ Date: _____



Person making this motion signs here *Print name here*

I agree to accept legal papers for this case at (*check one*):

my lawyer's address, listed below.

the following address (*this does not have to be your home address*):

Street Address or PO Box *City* *State* *Zip*

(Optional) email: _____

(If this address changes before the case ends, you must notify all parties and the court clerk in writing. You may use the Notice of Address Change form (FL All Family 120). You must also update your Confidential Information form (FL All Family 001) if this case involves parentage or child support.)

Lawyer (if any) fills out below



Lawyer signs here *Print name and WSBA No.* *Date*

Lawyer's Address *City* *State* *Zip*

Email (*if applicable*): _____

Warning! Documents filed with the court are available for anyone to see unless they are sealed. Financial, medical, and confidential reports, as described in General Rule 22, **must** be sealed so they can only be seen by the court, the other party, and the lawyers in your case. Seal those documents by filing them separately, using a *Sealed* cover sheet (form FL All Family 011, 012, or 013). You may ask for an order to seal other documents.