

IN THE SUPERIOR COURT OF STATE OF WASHINGTON, IN THE COUNTY OF _____

Plaintiff
vs.

Defendant(s)

NO.
DISPUTE RESOLUTION CERTIFICATE (CR)

EVICTON RESOLUTION PROGRAM (ERP)

DRC CERTIFICATION: I declare under penalty of perjury under the laws of the State of Washington that the following is true and correct.

DRC Certification Approved by Print name:	Sign name: Signed at (city/state): Date:
Date of DRC Certification	DRC Case #
Certification Delivery Type	Tenant: <input type="checkbox"/> Email <input type="checkbox"/> Postal mail Landlord: <input type="checkbox"/> Email <input type="checkbox"/> Postal mail
City & County of Property/Dwelling:	
Landlord/Landlord Representative Name & Role (e.g. owner, property manager)	
Property Name (if applicable)	
Tenant Name	
Did Landlord have counsel? <input type="checkbox"/> YES <input type="checkbox"/> NO Counsel Name:	Did Tenant have counsel? <input type="checkbox"/> YES <input type="checkbox"/> NO Counsel Name:
Counsel Referred? <input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	Date DRC received notice:
DRC Tried to Contact Tenant on:	Date: Date: Date:
Conciliation Occurred <input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Meet & Confer Occurred <input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Mediation Occurred <input type="checkbox"/> YES <input type="checkbox"/> NO	Date:

Resolution Achieved Full Agreement Partial Agreement
 No Agreement
Additional Information: Rental assistance funds available

NOTICE: By certifying herein, the Dispute Resolution Center is not making any certification as to whether the parties acted in good faith.