Klickitat County West District Court
State of Washington

[ ] State of Washington, [ ] City of Bingen [ ] City of White Salmon, Plaintiff,	)	
vs.	)	No._____ Defendant's Request for Decision on Written Statements
_____ Defendant.	)	[ ] **Mitigation Hearing** [ ] **Contested Hearing**

To: The Clerk of the Klickitat County West District Court, P.O. Box 435, White Salmon, WA 98672.

From: _____, Defendant.
(Print Name)

I hereby request that the court decide my case based on my following sworn statement:

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(Attach additional pages if necessary)

I certify [or declare] under the penalty of perjury under the laws of the State of Washington that the above statement is true. I promise that if it is determined that I committed the infraction for which I was cited, I will pay the monetary penalty authorized by law and assessed by the court. I understand that I may not appeal the decision of the court.

(Print your name)

(Sign your name)

(Street or Post Office address)

(City, state and zip code)

WEST KLICKITAT COUNTY DISTRICT COURT – STATE OF WASHINGTON

501 NE Washington Street
P.O. Box 435
White Salmon, WA 98672
Tel. 509-493-1190

____ State of Washington
____ City of Bingen
____ City of White Salmon

NO: _____

Infraction – Deferred Finding

_____
Defendant

STATEMENT OF RESPONDENT

I understand that the court will defer the entry of a "finding of committed" in this case for a period of six (6) months. I further understand that this infraction shall be dismissed at the end of the deferral period, provided that I pay a court administration fee of $150.00 prior to commencement of the deferral period and do not commit any further infractions or criminal traffic offenses during the deferral period.* I also understand that if I am an out-of-state driver I must provide the court with a valid copy of my Department of Licensing driving record at the end of the deferral period, or appear in court. Should I fail to comply with any condition set out in the order signed by the court, the court will find this infraction committed and may enforce the entire penalty stated on the Notice of Infraction and impose a Failure To Appear assessment.

I hereby waive any right I have to a speedy hearing, including the rights I have under IRL2.6. I understand that I am entitled to only one deferral in a seven-year period in the State of Washington, and confirm that I do not have a Commercial Driver's License.

_____
DATE

_____
RESPONDENT

_____
Mailing Address

_____
City State Zip

* If deferral is requested/granted by mail, payment of administration fee must be delivered to court with this form.