

NOTICE OF INFRACTION. YOU MUST RESPOND 30 DAYS FROM THE DATE ISSUED OR 33 DAYS FROM THE DATE THE NOTICE IS MAILED.

This is a non-criminal offense for which you cannot go to jail.

Your response must be postmarked by midnight of the day it is due at the court. If you do not respond or appear for court hearings:

The court will find that you committed the infraction and the determination will be final unless contested; your penalty may be increased; failure to pay or failure to enter into a payment plan may result in a referral of your case to a collection agency, including garnishment of your wages and assets; AND if

TRAFFIC You may lose your driver's license/privilege.

NON-TRAFFIC It is a crime and will be treated accordingly.

PARKING DOL may refuse to renew your vehicle registration, until any penalties imposed have been satisfied.

Check one of the 4 boxes to the right, then sign, date, and mail this form to:

Court contact information:
Phone 1: (509)524-2760
Website: www.wwdistrictcourt.com
Pay online, by mail or at the court. Payments are NOT accepted by phone. Visit our website for ONLINE HEARING OPTIONS.

WALLA WALLA DISTRICT COURT
317 W ROSE STREET
WALLA WALLA WA 99362

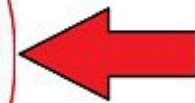
- Pay. I have enclosed a check or money order, in U.S. funds, for the amount listed. I understand this will go on my driving record if "traffic" is checked. DO NOT SEND CASH. NSF checks will be treated as a failure to respond.
- Payment Plan. I admit responsibility for the infraction. I request the court provide me information about how to obtain a payment plan and how to submit evidence of my current inability to pay in full.
- Mitigation Hearing. I agree I have committed the infraction(s), but I want a hearing to explain the circumstances. Please send me a court date to appear. I know I may not subpoena witnesses to appear, but witnesses can attend voluntarily. I understand this will go on my driving record if "traffic" is checked. The court may allow time payments or reduce the penalty where allowed by law.
- Contested Hearing. I want to contest (challenge) this infraction. I did not commit the infraction. Please send me a court date to appear. The state must prove by a preponderance of the evidence that I committed the infraction. I know I can require (subpoena) witnesses, including the officer who wrote the ticket, to attend the hearing. The court will tell me how to request a witness's appearance. I understand this will go on my driving record if I lose and "traffic" is checked.

My mailing address is: (PLEASE PRINT)

Name: _____ Apt: _____
Street or PO Box: _____ State: _____ Zip Code: _____
City: _____ Email: _____
Telephone: _____
 Is interpreter needed? Language: _____

X: _____ (SIGNATURE) _____ (DATE) XXXXXXXX

INFRACTION # XXXXXXXX



INFRACTION TRAFFIC NON-TRAFFIC PARKING L.E.A. ORI #: _____ COURT ORI #: _____ INFRACTION # XXXXXXXX
IN THE DISTRICT MUNICIPAL COURT OF **WALLA WALLA DISTRICT COURT**
 STATE OF WASHINGTON COUNTY OF _____ CITY/TOWN OF _____, PLAINTIFF VS. NAMED DEFENDANT

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. (SCANNED) _____ STATE: _____ EXPIRES _____ PHOTO ID MATCHED YES NO NAME: LAST _____ FIRST _____ MIDDLE _____ SFX _____ CDL/CLP YES NO

ADDRESS _____ IF NEW ADDRESS PASSENGER CITY _____ STATE _____ ZIP CODE _____

EMPLOYER _____ EMP LOCATION _____
DATE OF BIRTH _____ RACE _____ ETHNICITY _____ SEX _____ HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____ RESIDENTIAL PHONE NO. _____ CELL/PAGER PHONE NO. _____ WORK PHONE NO. _____

VIOLATION DATE _____ INTERPRETER NEEDED AT LOCATION _____ M.P. _____ CITY/COUNTY OF _____
ON OR ABOUT _____ LANG: _____

DID OPERATE/PARK THE FOLLOWING VEHICLE ON A PUBLIC HIGHWAY/PROPERTY AND

VEH LIC NO _____ STATE _____ EXPIRES _____ VEH YR _____ MAKE _____ MODEL _____ STYLE _____ COLOR _____

TR #1 LIC NO _____ STATE _____ EXPIRES _____ TR YR _____ TR #2 LIC NO _____ STATE _____ EXPIRES _____ TR YR _____

OWNER/COMPANY IF OTHER THAN DRIVER _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

ACCIDENT COMMERCIAL VEHICLE YES NO 16+ BUS YES NO HAZMAT YES NO EXEMPT VEHICLE FIRE LEA

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

VEH SPEED	IN A	ZONE	SMD	PACE	AIRCRAFT	PENALTY \$
1. VIOLATION/STATUTE CODE						
2. VIOLATION/STATUTE CODE						
3. VIOLATION/STATUTE CODE						
4. VIOLATION/STATUTE CODE						
5. VIOLATION/STATUTE CODE						

RELATED # _____ DATE ISSUED _____ TOTAL PENALTY \$ _____

TICKET SERVED ON VIOLATOR / VEHICLE TICKET SENT TO COURT FOR MAILING TICKET REFERRED TO PROSECUTOR

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, AND I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE DESCRIBED PERSON/VEHICLE COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER # _____ OFFICER # _____ PAGE 1 OF 1

These are the Case/Infraction/Citation number.

INFRACTION **TRAFFIC** **NON-TRAFFIC**

Citation Number

IN THE DISTRICT MUNICIPAL COURT OF

STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT

COUNTY OF

CITY/TOWN OF

WASHINGTON

L.E.A. OR I.F.:

COURT ORI #:

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO.		STATE	EXPIRES	PHOTO I.D. MATCHED <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME: LAST	FIRST	MIDDLE	COL.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS				<input type="checkbox"/> IF NEW ADDRESS <input type="checkbox"/> PASSENGER
CITY	STATE	ZIP CODE	EMPLOYER	LOCATION
DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT
			EYES	HAPT
RESIDENTIAL PHONE NO.	CELL/PAGER NO.		WORK PHONE NO.	
VIOLETION DATE	MONTH	DAY	YEAR	TIME
ON OR ABOUT				24 HOUR
				<input type="checkbox"/> INTERPRETER NEEDED LANG. _____
AT LOCATION		MAP	CITY/COUNTY OF	

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEHICLE LICENSE NO.	STATE	EXPIRES	VEH. YR.	MAKE	MODEL	STYLE	COLOR
TRAILER #1 LICENSE NO.	STATE	EXPIRES	TR. YR.	TRAILER #2 LICENSE NO.	STATE	EXPIRES	TR. YR.
OWNER/COMPANY IF OTHER THAN DRIVER							
ADDRESS		CITY	STATE	ZIP CODE			
ACCIDENT	CMV	<input type="checkbox"/> YES <input type="checkbox"/> NO	16+	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAZMAT	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXEMPT
NO	NR	R	I	F	VEHICLE	<input type="checkbox"/> FARM <input type="checkbox"/> R.V. <input type="checkbox"/> OTHER	<input type="checkbox"/> FIRE

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

#1 VIOLATION/STATUTE CODE	VEHICLE SPEED	WA	ZONE	<input type="checkbox"/> SVD <input type="checkbox"/> PACE <input type="checkbox"/> AIRCRAFT
READ THE BACK				
#2 VIOLATION/STATUTE CODE				
#3 VIOLATION/STATUTE CODE				
	RELATED #	PENALTY U.S. \$ Amount IMPOSED		
<input type="checkbox"/> Served on Violator	I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S)			
<input type="checkbox"/> Sent to Court for Mailing	OFFICER	#		
<input type="checkbox"/> Referred to Prosecutor	OFFICER	#		

YOU MUST RESPOND TO THE COURT BELOW ACCORDING TO THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS NOTICE