

## HEARING BY MAIL

**\*Read BOTH sides of this form \***

A hearing by mail can be used when you do not want to or have time to appear before the Judge, but you want the judge to hear your case. This form must be COMPLETELY filled out in order for the Judge to make a ruling and should explain everything you want the Judge to consider. Omitting any part of this form may result in higher fines or fees because of lack of information.

☐ **CONTESTED** I want to contest (challenge this infraction). ☐ **MITIGATION** I agree I have committed the infraction.

**Print Name:** \_\_\_\_\_ **Ticket No:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

You may present your case to the Court by **mail**. The Court **must receive this completed form and/or your statement before the hearing date shown on the enclosed form.** (Please submit before your court date.)

115 Ramsdell St, Fircrest, WA 98466, E-mail: [court@cityoffircrest.net](mailto:court@cityoffircrest.net) ; Fax 253-564-3645

- You will be notified by mail of the Court's decision, the penalty amount, and date that the penalty is due.
- **If you do not want to appear in person for your hearing and you forget to submit this form:** You are obligated to appear for your hearing. \*\*If you fail to file this by mail statement before your court date indicated on this form, and/or you fail to appear for your hearing, the infraction is deemed committed and a \$52 penalty (FTA) is added. The DOL will be notified and your driving privilege may be suspended.
- **I understand there is no appeal allowed from a mitigation hearing.**

I want the Court to consider my written statement explaining the circumstances surrounding this incident listed on the back of this form.

► **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

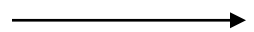
### PAYMENT OPTIONS:

(Check one):

- ☐ **Full Payment:** I will pay the full amount within 30 days of the Court's order. (*Payment options are available at [www.cityoffircrest.net/court/](http://www.cityoffircrest.net/court/) A service fee applies to all card payments.*)
- ☐ **Payment Plan Request\*:** I request monthly payments of \$\_\_\_\_\_ per month by the \_\_\_\_\_ day of each month. (Minimum \$50 per month. \*A \$10 administrative fee per ticket, up to \$25, will apply.)  
**Note:** *If the infraction is deferred, payment plan must be paid within the deferral period as ordered by the Court. Failure to do so will result in the deferral being revoked, and the infraction will be marked as committed.*

► **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I promise to pay my penalties as scheduled above. I understand that failure to pay as scheduled may result in: (1) a delinquency charge added to my payment account, (2) suspension of my driver's license, (3) the balance owing referred to a collection agency (RCW 19.61.500). I also understand that, if the Court refers my account to a collection agency, the balance due may be reported to a Credit Bureau and that I will be required to pay the additional costs of collection.



# AUTOMATIC MONETARY REDUCTIONS (No COURT HEARING IS REQUIRED)

PROOF MUST BE FILED WITH THE COURT PRIOR TO YOUR SCHEDULED COURT DATE.

YOUR HEARING WILL BE CANCELLED IF THE ONLY CHARGE IS THE ONE LISTED BELOW AND YOU FILE PROOF OF:

**No INSURANCE.** File proof to the Court that you had insurance effective at the time of the stop, and your insurance charge will be dismissed with a \$25 statutory assessment (RCW 46.30.020). If you purchased insurance after the time of the stop, submit proof to the Court and the charge will be found committed with a \$250 fine.

● **DEFERRED FINDING:** The Court will review your case for a possible **DEFERRED FINDING** that allows for dismissal of the offense(s). Not all offenses are eligible for a deferred finding and dismissal. A person is allowed one deferral in a seven-year period for moving violations and one deferral in a seven-year period for non-moving violations (WAC 308-104-160). A finding of committed will be entered if you receive a new traffic violation during the deferral period or fail to pay the costs imposed by the due date.

☐

**CHECK this box to request a Deferred Finding and sign below.**

I hereby request a deferred finding(s) if I am eligible. I agree to abide by the terms of the deferred finding ordered by the Court. I understand the Court will dismiss my infraction(s) marked as a deferred finding if I do not commit a new violation during the deferral period **AND** pay the administrative fees assessed. I understand that if I fail to abide by the terms of the deferred finding order that a finding of committed will be entered with the Department of Licensing.

Statement: \_\_\_\_\_

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(Attach additional paper and documents if needed)

I certify (declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement(s) (if filed) are true and correct. I also understand that I am waiving my right to appeal.



**SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Additional information can be found at [www.cityoffircrest.net](http://www.cityoffircrest.net)