

IN THE DISTRICT COURT OF THE STATE OF WASHINGTON, COUNTY OF OKANOGAN

Charles D. Short, Judge

Chancey C. Crowell, Judge

INFRACTION MITIGATION STATEMENT

Complete all information, date, sign and return to court. Must be received by the court within 15 days of the infraction or prior to your scheduled court date.

Table with 4 columns: LASTNAME, FIRSTNAME, MIDDLE, TICKET NUMBER

STATEMENT:

Additional Pages Attached

Large empty rectangular area for writing the statement.

I wish to submit my case to the court in writing. I have read and agree to abide by the rules and procedures governing hearings by mail listed below. I agree to pay any penalty imposed in the time period set by the court. I certify the above is true and correct and I understand that I cannot appeal the court's decision.

Date of Statement

Signature of Defendant

At the time of your request for a mitigation hearing or up until the scheduled hearing date, you have the option of a mitigation hearing by mail. If you decide to proceed with a hearing by mail, you will not be required to appear in court. You must, however, complete the Defendant's Statement Form and mail it to the court prior to your scheduled hearing. The court will review your statement and the police officer's sworn statement and render a decision. That decision will be mailed to you. In the case of a mitigation hearing, the infraction is found committed and a monetary penalty will be determined. The finding will be reported to the Department of Licensing. Any penalty will be based on the facts of the case and your driving record. You must agree to pay the court-ordered penalty within the specified time ordered by the judge. You will be notified by mail in a form letter of the judge's decision. There is NO right to appeal the judge's decision.

PLEASE COMPLETE YOUR MAILING ADDRESS AND CASE NUMBER ON THE NEXT PAGE

PO Box 980, Okanogan, WA 98840 - districtcourt@co.okanogan.wa.us

Phone: 509-422-7170 (Option 1) Fax: 509-422-7174

IN THE DISTRICT COURT OF THE STATE OF WASHINGTON, COUNTY OF OKANOGAN

Charles D. Short, Judge

Chancey C. Crowell, Judge

State of Washington, County of Okanogan
Vs.

Case Number: _____

Mitigation Hearing Findings and Order

Name

Mailing Address

City, ST, Zip

DO NOT WRITE BELOW THIS LINE

The Court has determined that the infraction was committed and the penalty shall remain:
Count 1 \$ _____ Count 2 \$ _____ Count 3 \$ _____ FINE \$ _____

The Court has determined that the infraction was committed, but the penalty shall be reduced to:
Count 1 \$ _____ Count 2 \$ _____ Count 3 \$ _____ FINE \$ _____

The Court has deferred finding on this case for _____ months. If there are no further moving/non- moving traffic violations during the deferral period the following infractions will be dismissed. Court fees are indicated below:
Count 1 \$ _____ Count 2 \$ _____ Count 3 \$ _____ COSTS \$ _____

The Court has dismissed the following infractions:
 Count 1 Count 2 Count 3

Count _____ The Court has determined that there was valid insurance at the time of the stop. The infraction will be dismissed upon payment of \$25.00 administrative fees. COSTS \$ _____

TOTAL FINES/COSTS \$ _____

Other:

Dated: _____

 Chancey C. Crowell Charles D. Short Pro Tem Judge

Please choose one of the following options:

Payment in the amount of \$ _____ is due 30 days from the date of this Order. (DUE DATE _____)
Mail Payment to: Okanogan County District Court, PO Box 980, Okanogan, WA 98840. Include a copy of this document with payment.

(to choose the monthly payment option - you must sign below, enclose first installment and return this form by the due date listed above)

I wish to make monthly payments on my court assessed fine in the amount of \$ 50.00 per month. I understand that I will be assessed \$10.00 time payment fee for each charge (Max \$20.00). I understand that the court does not send monthly reminder statements; that I am responsible for making the payment as agreed. Payments are due on the 25th day of each month beginning the month following the court's decision on this case. **First payment due:** _____.

***** REQUEST FOR TIME PAYMENTS MUST BE RETURNED BY THE DUE DATE LISTED ABOVE *****

Date: _____

Signature

****FAILURE TO PAY IN FULL OR RETURN TIME PAYMENT REQUEST BY DUE DATE MAY RESULT IN ADDITIONAL FEES AND SUSPENSION OF YOUR DRIVING PRIVILEGE ****