# INFRACTION CITATION - PART 1 - FACE

### INFRACTION

#### TRAFFIC

**NON-TRAFFIC**

**PARKING I**

IN THE DISTRICT

STATE OF WASHINGTON COUNTY OF

CITY/TOWN OF

MUNICIPAL COURT OF , WASHINGTON

, PLAINTIFF VS. NAMED DEFENDANT

**L.E.A. ORI #: COURT ORI #:**

**THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DRIVER’S LICENSE | NO. | STATE | EXPIRES | PHOTO I.D.YES | MATCHEDNO |
| NAME: | LAST | FIRST | MIDDLE | CDL/CLPYES | NO |

ADDRESS

IF NEW ADDRESS PASSENGER

|  |  |
| --- | --- |
| CITY STATE ZIP CODE | EMPLOYER LOCATION |
| DATE OF BIRTH | RACE | SEX | HEIGHT | WEIGHT | EYES | HAIR |
| RESIDENTIAL PHONE NO.( ) | CELL/PAGER NO.( ) | WORK PHONE NO.( ) |
| VIOLATION DATE MONTH DAY YEAR TIMEON OR ABOUT 24 HOUR | INTERPRETER NEEDEDLANG:  |

AT LOCATION

M.P.

CITY/COUNTY OF

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

NO NR R I F

CMV YES NO

16 + YES

PASS NO

HAZMAT YES NO

EXEMPT FIRE

VEHICLE LEA

**DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| #1 VIOLATION/STATUTE CODE | VEHICLE SPEED | IN A | ZONE | SMD PACE AIRCRAFT |

#2 VIOLATION/STATUTE CODE

#3 VIOLATION/STATUTE CODE

PENALTY

U.S. $

RELATED #

DATE ISSUED

Served on Violator

Sent to Court for Mailing Referred to Prosecutor

|  |
| --- |
| **INFRACTION** |
| INF | RESPONSE | DISPOSITION | PENALTY | SUSPENDED | SUB-TOTAL | FNDG/JDGT DATE |
| 1 | C NC | C NC D P DF | $ | $ | $ | ABSTRACT MLD TO OLYMPIA |
| 2 | C NC | C NC D P DF | $ | $ | $ |  |
| 3 | C NC | C NC D P DF | $ | $ | $ |  |
|  | TOTAL COSTS $ |  |

 **ABSTRACT OF JUDGMENT**

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).

OFFICER #

OFFICER #

**I**

WASHINGTON UNIFORM COURT DOCKET - COURT COPY

November 2015

# INFRACTION CITATION - PART 2 - FACE

### INFRACTION

#### TRAFFIC

**NON-TRAFFIC**

**PARKING I**

IN THE DISTRICT

STATE OF WASHINGTON COUNTY OF

CITY/TOWN OF

MUNICIPAL COURT OF , WASHINGTON

, PLAINTIFF VS. NAMED DEFENDANT

**L.E.A. ORI #: COURT ORI #:**

**THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DRIVER’S LICENSE | NO. | STATE | EXPIRES | PHOTO I.D.YES | MATCHEDNO |
| NAME: | LAST | FIRST | MIDDLE | CDL/CLPYES | NO |

ADDRESS

IF NEW ADDRESS PASSENGER

|  |  |
| --- | --- |
| CITY STATE ZIP CODE | EMPLOYER LOCATION |
| DATE OF BIRTH | RACE | SEX | HEIGHT | WEIGHT | EYES | HAIR |
| RESIDENTIAL PHONE NO.( ) | CELL/PAGER NO.( ) | WORK PHONE NO.( ) |
| VIOLATION DATE MONTH DAY YEAR TIMEON OR ABOUT 24 HOUR | INTERPRETER NEEDEDLANG:  |

AT LOCATION

M.P.

CITY/COUNTY OF

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

NO NR R I F

CMV YES NO

16 + YES

PASS NO

HAZMAT YES NO

EXEMPT FIRE

VEHICLE LEA

**DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| #1 VIOLATION/STATUTE CODE | VEHICLE SPEED | IN A | ZONE | SMD PACE AIRCRAFT |

#2 VIOLATION/STATUTE CODE

#3 VIOLATION/STATUTE CODE

PENALTY

U.S. $

RELATED #

DATE ISSUED

Served on Violator

Sent to Court for Mailing 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).

OFFICER #

OFFICER #

**I**

**ABSTRACT OF JUDGMENT**

|  |
| --- |
| **INFRACTION** |
| INF | RESPONSE | DISPOSITION | PENALTY | SUSPENDED | SUB-TOTAL | FNDG/JDGT DATE |
| 1 | C NC | C NC D P DF | $ | $ | $ | ABSTRACT MLD TO OLYMPIA |
| 2 | C NC | C NC D P DF | $ | $ | $ |  |
| 3 | C NC | C NC D P DF | $ | $ | $ |  |
|  | TOTAL COSTS $ |  |

WASHINGTON UNIFORM COURT DOCKET - DOL COPY November 2015

# INFRACTION CITATION - PART 3 - FACE

### INFRACTION

#### TRAFFIC

**NON-TRAFFIC**

**PARKING I**

IN THE DISTRICT

STATE OF WASHINGTON COUNTY OF

CITY/TOWN OF

MUNICIPAL COURT OF , WASHINGTON

, PLAINTIFF VS. NAMED DEFENDANT

**L.E.A. ORI #: COURT ORI #:**

**THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DRIVER’S LICENSE | NO. | STATE | EXPIRES | PHOTO I.D.YES | MATCHEDNO |
| NAME: | LAST | FIRST | MIDDLE | CDL/CLPYES | NO |

ADDRESS

IF NEW ADDRESS PASSENGER

|  |  |
| --- | --- |
| CITY STATE ZIP CODE | EMPLOYER LOCATION |
| DATE OF BIRTH | RACE | SEX | HEIGHT | WEIGHT | EYES | HAIR |
| RESIDENTIAL PHONE NO.( ) | CELL/PAGER NO.( ) | WORK PHONE NO.( ) |
| VIOLATION DATE MONTH DAY YEAR TIMEON OR ABOUT 24 HOUR | INTERPRETER NEEDEDLANG:  |

AT LOCATION

M.P.

CITY/COUNTY OF

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

NO NR R I F

CMV YES NO

16 + YES

PASS NO

HAZMAT YES NO

EXEMPT FIRE

VEHICLE LEA

**DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| #1 VIOLATION/STATUTE CODE | VEHICLE SPEED | IN A | ZONE | SMD PACE AIRCRAFT |

#2 VIOLATION/STATUTE CODE

**READ THE BACK**

#3 VIOLATION/STATUTE CODE

PENALTY

U.S. $

RELATED #

DATE ISSUED

Served on Violator

Sent to Court for Mailing 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).

OFFICER #

OFFICER #

**I**

YOU MUST RESPOND TO THE COURT BELOW ACCORDING TO THE

INSTRUCTIONS ON THE REVERSE SIDE OF THIS NOTICE

WASHINGTON UNIFORM COURT DOCKET - DEFENDANT COPY

November 2015

# INFRACTION CITATION - PART 4 - FACE

### INFRACTION

#### TRAFFIC

**NON-TRAFFIC**

**PARKING I**

IN THE DISTRICT

STATE OF WASHINGTON COUNTY OF

CITY/TOWN OF

MUNICIPAL COURT OF , WASHINGTON

, PLAINTIFF VS. NAMED DEFENDANT

**L.E.A. ORI #: COURT ORI #:**

**THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DRIVER’S LICENSE | NO. | STATE | EXPIRES | PHOTO I.D.YES | MATCHEDNO |
| NAME: | LAST | FIRST | MIDDLE | CDL/CLPYES | NO |

ADDRESS

IF NEW ADDRESS PASSENGER

|  |  |
| --- | --- |
| CITY STATE ZIP CODE | EMPLOYER LOCATION |
| DATE OF BIRTH | RACE | SEX | HEIGHT | WEIGHT | EYES | HAIR |
| RESIDENTIAL PHONE NO.( ) | CELL/PAGER NO.( ) | WORK PHONE NO.( ) |
| VIOLATION DATE MONTH DAY YEAR TIMEON OR ABOUT 24 HOUR | INTERPRETER NEEDEDLANG:  |

AT LOCATION

M.P.

CITY/COUNTY OF

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

NO NR R I F

CMV YES NO

16 + YES

PASS NO

HAZMAT YES NO

EXEMPT FIRE

VEHICLE LEA

**DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES**

#1 VIOLATION/STATUTE CODE

VEHICLE SPEED

IN A

ZONE

SMD PACE AIRCRAFT

#2 VIOLATION/STATUTE CODE

#3 VIOLATION/STATUTE CODE

PENALTY

U.S. $

RELATED #

DATE ISSUED

Served on Violator

Sent to Court for Mailing 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).

OFFICER #

OFFICER #

**I**

##### DO NOT WRITE IN THIS SECTION

WASHINGTON UNIFORM COURT DOCKET - LEA COPY

November 2015

# INFRACTION CITATION - PART 5 - FACE

### INFRACTION

#### TRAFFIC

**NON-TRAFFIC**

**PARKING I**

IN THE DISTRICT

STATE OF WASHINGTON COUNTY OF

CITY/TOWN OF

MUNICIPAL COURT OF , WASHINGTON

, PLAINTIFF VS. NAMED DEFENDANT

**L.E.A. ORI #: COURT ORI #:**

**THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DRIVER’S LICENSE | NO. | STATE | EXPIRES | PHOTO I.D.YES | MATCHEDNO |
| NAME: | LAST | FIRST | MIDDLE | CDL/CLPYES | NO |

ADDRESS

IF NEW ADDRESS PASSENGER

|  |  |
| --- | --- |
| CITY STATE ZIP CODE | EMPLOYER LOCATION |
| DATE OF BIRTH | RACE | SEX | HEIGHT | WEIGHT | EYES | HAIR |
| RESIDENTIAL PHONE NO.( ) | CELL/PAGER NO.( ) | WORK PHONE NO.( ) |
| VIOLATION DATE MONTH DAY YEAR TIMEON OR ABOUT 24 HOUR | INTERPRETER NEEDEDLANG:  |

AT LOCATION

M.P.

CITY/COUNTY OF

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

NO NR R I F

CMV YES NO

16 + YES

PASS NO

HAZMAT YES NO

EXEMPT FIRE

VEHICLE LEA

**DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| #1 VIOLATION/STATUTE CODE | VEHICLE SPEED | IN A | ZONE | SMD PACE AIRCRAFT |

#2 VIOLATION/STATUTE CODE

|  |  |
| --- | --- |
| #3 VIOLATION/STATUTE CODE |  |
|  | PENALTYU.S. $ |
|  | RELATED # | DATE ISSUED |
| Served on ViolatorSent to Court for Mailing 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).OFFICER #OFFICER # |

OFFICER REMARKS

**I**

WASHINGTON UNIFORM OFFICERS REPORT - COPY

November 2015

# INFRACTION CITATION - PART 1 - BACK

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| --- |
| **OFFICER REPORT** |
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|  |
| TRAFFICLT MED HV |  | CL | WEATHERRN FG | SN | D | STREETW I | S | D | LIGHTDWN DSK | DK |
| Officer’s Report for Citation # The information contained on this citation is incorporated by reference into this report.I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATESignature # Date and Place  |
| WITNESS NAME (LAST, FIRST, M.I.) |  |  |  |  |  |  | PHONE |  |  |
| ADDRESS CITY STATE ZIP |
| WITNESS NAME (LAST, FIRST, M.I.) |  |  |  |  |  |  | PHONE |  |  |
| ADDRESS CITY STATE ZIP |
| INCIDENT NUMBER | RELATED CITATION/INFRACTION NUMBERS | APPROVING OFFICER/NO. |

**NOTICE OF INFRACTION**

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

**YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED**. **IF THIS IS A TRAFFIC INFRACTION, YOU MUST RESPOND WITHIN THIRTY (30) DAYS FROM THE DATE ISSUED**.

Your response must be postmarked by midnight of the day it is due at the court.

To respond, you must check one of the boxes below and return this form to the

court listed on the front. If you do not respond or appear for court hearings:

The court will find that you committed the infraction; your penalty maybe increased; failure to pay

may result in a referral of your case to a collection agency; AND if

**TRAFFIC** (see front of Notice of Infraction) You may lose your driver’s license/privilege.

**NON-TRAFFIC** (see front of Notice of Infraction) It is a crime and will be treated accordingly.

**PARKING** (see front of Notice of Infraction) May result in the refusal of DOL to renew the vehicle registration.

*DRAFT*  INFRACTION CITATION – PART 3 - BACK

**Here are the ~~three~~ four ways you can respond**.

Check one box, then sign and date the bottom of the Notice of Infraction.

☐ I have enclosed a check or money order, in U.S. funds, for the amount listed on the front. I

 understand this will go on my driving record if “traffic” is checked on the front. DO NOT SEND CASH.

 NSF checks will be treated as a failure to respond.

☐ 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, and I promise to appear on that date. I know I can ask

 witnesses to appear but they are not required to appear. I understand this will go on my driving

 record if “traffic” is checked on the front. 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, and I promise to appear on that date. 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 on the front.

☐ Cannot Afford To Pay. I agree that I have committed the traffic infraction(s), but I do not have the current ability to pay the infraction(s) in full. I understand that the court will mail me information explaining how I can request a payment plan. Failure to pay or enter into a payment plan may result in a collection action, including garnishment of wages or other assets.  **THIS OPTION APPLIES ONLY IF YOU ARE CITED WITH A TRAFFIC INFRACTION**.

**~~NOTICE: You may be able to enter into a payment plan with the court under RCW 46.63.110.~~**

My mailing address is: **(PLEASE PRINT)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt: \_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Is interpreter needed? Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SIGNATURE)