

CAN I CONTEST MY TRAFFIC TICKET BY MAIL?

Hearing by Mail: You may present your case to the court by mail. Please fill in the Hearing by Mail form and attach your statement. The Court must receive your statement/declaration before your scheduled court date. You will be notified by mail of the court's decision. If a penalty is imposed you will be notified and payment is due within 10 days. If you cannot pay within 10 days you will need to fill in the payment option plan on the back of this sheet along with your request for contested hearing by mail. If a fine is imposed it will not be greater than the fine indicated on your ticket.

You may appeal a committed decision from a contested hearing to Superior Court. The filing fee for the appeal is \$110. There is no appeal allowed from a decision on a written statement/declaration.

REQUEST FOR CONTESTED HEARING BY MAIL

Ticket No: _____

I want the Court to consider my written statement explaining the circumstances surrounding this incident. **I do not want to appear in person for the hearing on the above date.** I understand the Court will consider my statement and the citing officer's report and enter a finding.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the attached statement is true and correct. 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.

Date: _____, 20____
Signature _____

Current Mailing Address City State Zip

Phone: (_____) _____

TO HAVE YOUR HEARING BY MAIL, YOU MUST SUBMIT THIS FORM AND YOUR WRITTEN STATEMENT EXPLAINING WHAT YOU WANT THE JUDGE TO CONSIDER BEFORE ENTERING A JUDGMENT ON YOUR CASE.

THE COURT MUST RECEIVE THIS FORM ALONG WITH YOUR STATEMENT BEFORE YOUR SCHEDULED COURT APPEARANCE.

If you received a ticket for no insurance and you had insurance at the time of the ticket, you may file proof of insurance with the Court Clerk, pay a \$25 administrative cost, the charge will then be dismissed and not go on your driving record. If you obtained insurance after you were issued the ticket, provide proof to the Court Clerk, your ticket will be reduced to \$200.00 and it will go on your driving record. Or you may appear on your hearing date to explain the circumstances to the Judge.

MILTON MUNICIPAL COURT	929 E Main, Suite 120 Puyallup, WA 98372 Phone # 253-922-7625 Fax# 253-770-3365
-------------------------------	--

Name: _____ Ticket #(s): _____

PAYMENT OPTIONS HEARING BY MAIL

ALL FINES, FEES AND COSTS ORDERED ARE DUE AND PAYABLE WHEN THE JUDGE SIGNS THE COURT ORDER.

*You must fill in the blanks, select one of the following payment options, sign and date at the bottom.

- I will send in payment in full as soon as I receive notice of the judge's order.
- I request a monthly payment plan. (Minimum payment \$50 per month.) I will pay \$_____ per month by the 1st or the 15th (circle one) of each month beginning next month.
- I will make payment via credit card as soon as I receive notice of the judge's order. Credit card payment can be made through the Court Clerk at Milton Municipal Court.

 I PROMISE TO PAY MY PENALTIES AS ABOVE SCHEDULED. I UNDERSTAND THAT FAILURE TO PAY AS SCHEDULED MAY RESULT IN: (1) A DELINQUENCY CHARGE ADDED TO MY PAYMENT ACCOUNT, (2) SUSPENSION OF MY DRIVERS LICENSE, (3) A WARRANT ISSUED FOR MY ARREST AND WARRANT COSTS IMPOSED, AND (4) 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.

******INCLUDE YOUR TICKET OR CASE NUMBER ON ALL CHECKS & CORRESPONDENCE******

Defendant's Signature: _____ Date: _____, 20____