

STATE OF WASHINGTON OMAK MUNICIPAL COURT

INFRACTION STATEMENT

Complete all information, date, sign and return to court. Must be **received** by the court within 30 days of the infraction or prior to your scheduled court date.

LASTNAME	FIRSTNAME	MIDDLE	TICKET NUMBER

STATEMENT:

○ Additional Pages Attached

[illegible]

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 hereby state as follows:

I promise to pay the monetary penalty authorized by law or, at the discretion of the court, any reduced penalty that may be set.

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

I understand that if this form is submitted by e-mail, my typed name on the signature line will qualify as my signature for purposes of the above certification.

Date and Place

Signature of Defendant

At the time of your request for a mitigation or contested hearing or up until the scheduled hearing date, you have the option of a mitigation or contested 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. In the case of a contested hearing, the infraction may be dismissed, the original penalty imposed in full, or a lesser amount may be imposed. In the case of a traffic infraction, **the findings 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

Omak Municipal Court, P.O. Box 72, Omak, WA 98841 Phone: 509-826-2971

omakcourt@omakcity.com

STATE OF WASHINGTON OMAK MUNICIPAL COURT

State of Washington, Plaintiff
Vs.

Case Number: _____

Name

Court Findings and Order

Mailing Address

☐ Mitigation Hearing

☐ Contested Hearing

City, ST Zip Defendant

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: _____

Judge

Please choose one of the following options:

- ☐ I hereby agree to pay the fine assessed to me in the amount of \$ _____ due in full in 30 days **or**
- ☐ I wish to arrange a monthly payment plan with Court Payment Management Services Inc (**CPMS**). I understand there is a \$10 account set-up fee, and a \$10 monthly fee in addition to my monthly payment. CPMS contact: 750 S. Market Blvd. Chehalis WA. 98532. 360-748-4784. **Contact CPMS on or before (DUE DATE _____)**

***** REQUEST FOR MONTHLY PAYMENTS MUST CONTACT CPMS BY THE DUE DATE LISTED ABOVE *****

Date: _____

Signature

****FAILURE TO PAY IN FULL OR SET UP PAYMENTS THROUGH CPMS BY DUE DATE MAY RESULT IN ADDITIONAL FEES AND SUSPENSION OF YOUR DRIVING PRIVILEGES ****