OMAK MUNICIPAL COURT
PO BOX 72
OMAK WA 98841
509-826-2971

REQUEST TO DEFER TRAFFIC INFRACTION

Driver's License Number	State	Citation Number

Charge (1)	(2)	(3)

Name: Last	First	Middle

Street Address

City	State	Zip Co	Date of Birth

I hereby certify and agree as follows: I am the person named above. I agree that I have committed the infraction(s) listed on the Citation Number shown above. I ask the Court to defer entry of a finding that I committed the infraction(s) cited on the above citation. **RCW 46.63.070(5)** I have not had another traffic infraction deferred by any court within the past seven (7) years, **nor do I have a commercial driver's license**. I agree to the following conditions of my deferral: (1) I agree to pay the required Administrative Fee as set by the judge; (2) The Court will dismiss my infraction(s) at the end of the period of deferral if I pay the required Administrative Fee, and if I do not commit a new traffic violation at any location before that date; (3) If I fail to comply with the conditions of the deferral, including pay the Administrative Fee, or commit a new traffic violation, the Court may, without a hearing or without further notice to me, enter a finding that I have committed the infraction(s) listed on the Citation Number shown above and will report the finding to the Washington State Department of Licensing.

I certify or declare under the penalty of perjury under the Laws of the State of Washington that my foregoing statements are 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.

Signed at _____, Washington on _____, 20_____.

_____
Defendant's Signature

_____
Mailing Address

_____
City Zip

_____
Daytime Telephone Number