

**CAN I MITIGATE 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 section and attach your statement. The Court must receive your statement/declaration before your scheduled court appearance date. You will be notified by mail of the Judge's decision. If a fine is imposed it will not be greater than the fine indicated on your ticket. If you want and qualify for a Deferred Finding, fill out the Deferred Finding form on the back of this page.

**REQUEST FOR MITIGATION HEARING BY MAIL**

Ticket No: \_\_\_\_\_

I agree I have committed the infraction(s). 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 there is no appeal allowed from the Court's determination or order from a mitigation hearing.

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.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Print Name and Mailing Address Street City State ZIP

**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.**

***The following allow for automatic monetary reduction. If proof is provided before your court hearing, your hearing will be cancelled if the only charge is:***

- **No Insurance.** You had insurance at the time of the stop, and submit proof to the Court that your insurance was in effect on the date of your traffic ticket, your insurance charge will be dismissed and there is a \$25 statutory assessment.
- **Handicap Parking.** If you had a valid handicap parking placard at the time your ticket was issued, and submit a copy of your handicap placard and handicap ID card, the charge will be dismissed and there is a \$10 assessment.

**PAYMENT OPTIONS**

**ALL FINES, FEES AND COSTS ORDERED ARE DUE AND PAYABLE WITHIN 30 DAYS OF THE JUDGE SIGNING THE COURT ORDER.**

Select one of the following payment options, sign and date at the bottom.

- I will send in payment in full within 30 days of the Judge signing the court order.
- I am unable to pay in full within 30 days. I request a monthly payment plan. (Minimum payment \$50 per month.) I will pay \$\_\_\_\_\_ per month by the \_\_\_\_\_ day of each month beginning next month.  
*\*An administrative fee of \$10 per ticket is assessed per payment plan.\**
- I will make payment via credit card as soon as I receive notice of the Judge's order. Credit card payments can be made through: Official Payments Corporation and they assess a processing fee. To pay by credit card call 1-888-877-3571, or by internet at [www.officialpayments.com](http://www.officialpayments.com), have your ticket number and follow the instructions. (They assess a \$5.95 processing fee per transaction. Any transaction cannot exceed \$300 plus the processing fee. Amounts owed over \$300 will have to be entered as separate transactions).

I promise to pay my penalties as scheduled above. I understand that failure to pay as scheduled may result in: (1) a delinquency charge added to my payment account, (2) suspension of my driver's 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 CASE NUMBER ON ALL CHECKS & CORRESPONDENCE\*\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_\_