

XY0158405 KPO IT

INFRACTION TRAFFIC NON-TRAFFIC L.E.A. ORI #: WA0080100 COURT ORI #: WA008013J XY0158405 REPORT #:

IN THE DISTRICT MUNICIPAL COURT OF COWLITZ COUNTY DISTRICT COURT

STATE OF WASHINGTON COUNTY OF CITY/TOWN OF KELSO PLAINTIFF VS. NAMED DEFENDANT

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. (SCANNED) STATE: WA EXPIRES PHOTO ID MATCHED YES NO NAME: LAST FIRST MIDDLE SFX COL YES NO

ADDRESS IF NEW ADDRESS PASSENGER CITY STATE ZIP CODE

EMPLOYER DATE OF BIRTH RACE SEX HEIGHT WEIGHT EYES HAIR EMP LOCATION RESIDENTIAL PHONE NO. CELL/PAGER PHONE NO. WORK PHONE NO.

VIOLATION DATE ON OR ABOUT INTERPRETER NEEDED LANG: AT LOCATION REF. TRAFFICWAY M.P. BLOCK # 1000 CITY/COUNTY OF KELSO/COWLITZ

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEH LIC NO STATE EXPIRES VEH YR MAKE MODEL STYLE COLOR
 TR #1 LIC NO STATE EXPIRES TR YR TR #2 LIC NO STATE EXPIRES TR YR

OWNER/COMPANY IF OTHER THAN DRIVER ADDRESS CITY STATE ZIP CODE

ACCIDENT NO COMMERCIAL VEHICLE YES NO HAZMAT YES NO EXEMPT VEHICLE FARM R.V. FIRE OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

VEH SPEED	IN A ZONE	SMD	PAGE	AIRCRAFT	BAIL \$
1. VIOLATION/STATUTE CODE 46.16.010.3.L	FL RENEW EXPIRED REG <= 2 MTHS				124.00
2. VIOLATION/STATUTE CODE					BAIL \$
3. VIOLATION/STATUTE CODE					BAIL \$
4. VIOLATION/STATUTE CODE					BAIL \$
5. VIOLATION/STATUTE CODE					BAIL \$
					TOTAL BAIL \$ 124.00

RELATED # DATE ISSUED

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, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER #
 OFFICER #

TICKET SERVED ON VIOLATOR TICKET REFERRED TO PROSECUTOR
 TICKET SENT TO COURT FOR MAILING

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.
 Your response must be postmarked by midnight of the day it is due at the court.
 If you do not respond or appear for court hearings:

TRAFFIC	NON-TRAFFIC
It is a crime and will be treated accordingly. The court will find that you committed the infraction. You will lose your driver's license privilege. Your penalty will be increased. Failure to pay may result in a referral of your case to a collection agency.	The court will find that you committed the infraction. It is a crime and will be treated accordingly. Your penalty may be increased. Failure to pay may result in a referral of your case to a collection agency.

Check one of the 3 boxes to the right, sign, date, and mail this form to:

Court contact information: COWLITZ COUNTY DISTRICT COURT
 Phone: (360)577-3073 312 SW FIRST AVENUE
 Website: www.co.cowlitz.wa.us/districtcourt KELSO WA 98626-1724

I have enclosed a check or money order, in U.S. funds, for the amount listed. I understand this will go on my driving record if "traffic" is checked. DO NOT SEND CASH. NSF checks will be treated as 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. 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.

My mailing address is: (PLEASE PRINT)
 Name: _____ Apt: _____
 Street or PO Box _____ State: _____ Zip Code: _____
 City: _____ Telephone: Home: _____ Work: _____
 Is interpreter needed? Language: _____
 X: _____ (SIGNATURE)

TOTAL BAIL \$ 124.00

Amount