

IN THE DISTRICT OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT
 COUNTY OF
 CITY/TOWN OF

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. STATE EXPIRES PHOTO ID MATCHED
 YES NO

NAME: LAST FIRST MIDDLE COL. YES NO

ADDRESS IF NEW ADDRESS
 PASSENGER

CITY STATE ZIP CODE EMPLOYER LOCATION

DATE OF BIRTH RACE SEX HEIGHT WEIGHT EYES HAIR

RESIDENTIAL PHONE NO. CELLPHONE NO. WORK PHONE NO.

VIOLATION DATE MONTH DAY YEAR TIME INTERPRETER NEEDED
 ON OR ABOUT AT LOCATION M.P. CITY/COUNTY OF

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

VEHICLE LICENSE NO. STATE EXPIRES VEH. YR. MAKE MODEL STYLE COLOR

TRAILER # LICENSE NO. STATE EXPIRES TR. YR. TRAILER # LICENSE NO. STATE EXPIRES TR. YR.

OWNER/CO-OWNER IF OTHER THAN DRIVER

ADDRESS CITY STATE ZIP CODE

ACCIDENT CMV YES NO HAZMAT YES NO XDRIFT FARM FIRE
 NO. NR. I. P. NO YES NO VEHICLE R.V. OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

#1 VIOLATION/STATUTE CODE VEHICLE SPEED: M.P.A. ZONE DWI DWI DWI DWI

#2 VIOLATION/STATUTE CODE

#3 VIOLATION/STATUTE CODE

#4 VIOLATION/STATUTE CODE

RELAYED # **\$ Amount**

Served on Violator
 Sent to Court for Mailing
 Referred to Prosecutor

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, AND I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S).

OFFICER #

OFFICER #

YOU MUST RESPOND TO THE COURT BELOW ACCORDING TO THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS NOTICE.

Paper Ticket

Electronic Ticket

INFRACON NON-TRAFFIC I.E.A. OR # WASHINGTON COURT OR # WASHINGTON KY915845 REPORT #

MUNICIPAL COURT OF COMALTZ COUNTY DISTRICT COURT CITY/TOWN OF KELSO PLAINTIFF VS. NAMED DEFENDANT
 COUNTY OF

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

STATE EXPIRES PHOTO ID MATCHED NAME: LAST FIRST MIDDLE SFX COL. YES NO

WA YES NO

IF NEW ADDRESS CITY STATE ZIP CODE
 PASSENGER

RACE SEX HEIGHT WEIGHT EYES HAIR RESIDENTIAL PHONE NO. CELLPHONE NO. WORK PHONE NO.

INTERPRETER NEEDED AT LOCATION M.P. CITY/COUNTY OF
 M.P. 16.000 KELSO/COWLITZ

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

STATE EXPIRES VEH YR MAKE MODEL STYLE COLOR

STATE EXPIRES TR YR TRAILER # LICENSE NO. STATE EXPIRES TR YR

NEW THAN DRIVER CITY STATE ZIP CODE

COMMERCIAL VEHICLE YES NO HAZMAT YES NO EXEMPT VEHICLE FARM FFL OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

M.P.A. ZONE DWI DWI DWI DWI

CODE 4A.16.010.2L PL REVIEW EXPIRED REG 2 MTHS

RELAYED # **\$ Amount**

TOTAL BAL \$ 124.00

STATE ISSUED

PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S).

VIOLATOR TICKET REFERRED TO PROSECUTOR

NOTICE OF INFRACTION

This is a non-criminal offense for which you cannot go to jail. IT RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED. Income must be postmarked by midnight of the day it is due at the court.

If you do not respond or appear for court hearing:

OFFICER #

OFFICER #

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

WASHINGTON UNIFORM COURT DOCKET - DEFENDANT COPY July 2018

COWLITZ COUNTY DISTRICT COURT
 312 SW FIRST AVENUE
 KELSO WA 98625-1724

Amount