

IN THE  DISTRICT  MUNICIPAL COURT OF \_\_\_\_\_, WASHINGTON  
 STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT  
 COUNTY OF \_\_\_\_\_  
 CITY/TOWN OF \_\_\_\_\_

L.E.A. OR # \_\_\_\_\_ COURT ORI # \_\_\_\_\_

**THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON**

DRIVER'S LICENSE NO.		STATE	EXPIRES	PHOTO I.D. MATCHED <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME: LAST	FIRST	MIDDLE	COL. <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS				<input type="checkbox"/> IF NEW ADDRESS <input type="checkbox"/> PASSENGER
CITY	STATE	ZIP CODE	EMPLOYER	LOCATION
DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT
				EYES
				HAIR
RESIDENTIAL PHONE NO.	CELL/PAGER NO.	WORK PHONE NO.		
VIOLETION DATE	MONTH	DAY	YEAR	TIME
ON OR ABOUT				24 HOUR
AT LOCATION	MP	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 #1 LICENSE NO.	STATE	EXPIRES	TR. YR.	TRAILER #2 LICENSE NO.	STATE	EXPIRES	TR. YR.
OWNER/COMRAVE IF OTHER THAN DRIVER							
ADDRESS							
CITY		STATE		ZIP CODE			
ACCIDENT NO.	CMV	16+	HAZMAT	EXEMPT	FARM	PIRE	
NR	R	I	F	NO	PASS	NO	NO
				VEHICLE	R.V.	OTHER	

**DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES**

#1 VIOLATION/STATUTE CODE	VEHICLE SPEED	IN A	ZONE	<input type="checkbox"/> SLD <input type="checkbox"/> PAID <input type="checkbox"/> AIRCRAFT
#2 VIOLATION/STATUTE CODE				
#3 VIOLATION/STATUTE CODE				
				<b>U.S. \$ Amount</b>
	RELATED #			
<input type="checkbox"/> Served on Violator	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).			
<input type="checkbox"/> Sent to Court for Mailing	OFFICER	#		
<input type="checkbox"/> Referred to Prosecutor	OFFICER	#		

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

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 CDL  YES  NO

ADDRESS IF NEW ADDRESS PASSENGER CITY STATE ZIP CODE

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

VIOLATION DATE ON OR ABOUT INTERPRETER NEEDED 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 PACE AIRCRAFT  
1. VIOLATION/STATUTE CODE 46.16.010.3.L FL RENEW EXPIRED REG <= 2 MTHS BAIL \$ 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:  
Phone: (360)577-3073  
Website: www.co.cowlitz.wa.us/districtcourt

COWLITZ COUNTY DISTRICT COURT  
312 SW FIRST AVENUE  
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):

Amount

