

INFRACON DISTRICT MUNICIPAL COURT OF NON-TRAFFIC

Citation Number
WASHINGTON

Paper Ticket

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

L.E.A. OR # _____ COURT OR # _____

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. _____ STATE _____ EXPRES _____ PHOTO ID MATCHED
 YES NO
 NAME: LAST _____ FIRST _____ MIDDLE _____ SFX _____
 YES NO
 COL _____
 YES NO
 ADDRESS _____
 IF NEW ADDRESS
 PASSENGER
 CITY _____ STATE _____ ZIP CODE _____ EMPLOYER _____ LOCATION _____
 DATE OF BIRTH _____ RACE _____ SEX _____ HEIGHT _____ WEIGHT _____ 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 _____ EXPRES _____ VEH. YR. _____ MAKE _____ MODEL _____ STY _____
 IN THE DISTRICT MUNICIPAL COURT OF NON-TRAFFIC COUNTY OF _____ L.E.A. OR # _____ COURT OR # _____
 STATE OF WASHINGTON COUNTY OF _____ COWLITZ COUNTY DISTRICT COURT CITY/TOWN OF _____ PLAINTIFF VS. NAMED DEFENDANT
 TRAILER # LICENSE NO. _____ STATE _____ EXPRES _____ TR. YR. _____ TRAILER # LICENSE NO. _____ STA _____
 DRIVER'S LICENSE NO. _____ STATE _____ EXPRES _____ PHOTO ID MATCHED _____ NAME: LAST _____ FIRST _____ MIDDLE _____ SFX _____
 YES NO YES NO YES NO
 COL _____
 YES NO
 ADDRESS _____
 IF NEW ADDRESS CITY _____ STATE _____ ZIP CODE _____
 PASSENGER
 EMPLOYER _____ CITY _____ STATE _____ ZIP CODE _____
 DATE OF BIRTH _____ RACE _____ SEX _____ HEIGHT _____ WEIGHT _____ HAIR _____
 RESIDENTIAL PHONE NO. _____ CELLPHONE PHONE NO. _____ WORK PHONE NO. _____
 VIOLATION DATE: MONTH _____ DAY _____ YEAR _____ TIME _____
 INTERPRETER NEEDED
 ON OR ABOUT _____
 AT LOCATION _____ M.P. _____ CITY/COUNTY OF _____
 (SEE TRAFFICWAY LAWS)

Electronic Ticket

Citation Number

KY016645

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

#1 VIOLATION/STATUTE CODE _____ VEHICLE SPEED _____ M.P.H. _____
 #2 VIOLATION/STATUTE CODE _____
 #3 VIOLATION/STATUTE CODE _____
 #4 VIOLATION/STATUTE CODE _____
 #5 VIOLATION/STATUTE CODE _____

VEHICLE NO. _____ STATE _____ COPIES _____ VEH. YR. _____ MAKE _____ MODEL _____ STYLE _____ COLOR _____
 TR #1 LIC NO. _____ STATE _____ EXPRES _____ TR. YR. _____ TR #2 LIC NO. _____ STATE _____ EXPRES _____ TR. YR. _____

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

ACCIDENT NO. _____ COMMERCIAL VEHICLE YES NO HAZMAT YES NO EXEMPT VEHICLE YES NO FARM OTHER _____

VEH SPEED _____ M.P.H. ZONE _____ (SND) _____ (AMBIENT) _____
 1. VIOLATION/STATUTE CODE _____ FL RENEW EXPIRED REG ** 3 MTHS _____
 2. VIOLATION/STATUTE CODE _____
 3. VIOLATION/STATUTE CODE _____
 4. VIOLATION/STATUTE CODE _____
 5. VIOLATION/STATUTE CODE _____

READ THE BACK

RELATED # _____ DATE ISSUED _____ PENALTY U.S. \$ _____
 DATE ISSUED _____

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THIS STATE THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION AND CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE NAMED VIOLATION.

TICKET SERVED ON VIOLATOR TICKET REFERRED TO PROSECUTOR
 TICKET SERVED ON VIOLATOR TICKET REFERRED TO PROSECUTOR

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 appeal for court hearings:

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.

NON-TRAFFIC
 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.cowlitz.wa.us/districtcourt KILSO 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! NO! 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 permission 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 limit 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 or (PLEASE PRINT)
 Name _____ Apt. _____
 Street or PO Box _____
 City _____ State _____ Zip Code _____
 Telephone: Home _____
 Is interpreter needed? Language: _____

 (SIGNATURE)