

**IN THE DISTRICT COURT FOR THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF GRANT**

STATE OF WASHINGTON
COUNTY OF GRANT
(Plaintiff)

(Defendant)

)
)
) Infraction Number: _____
)
)

) STATEMENT OF DEFENDANT
) (Contested Hearing by Mail)
)
)
)

I hereby state as follows:

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. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Please note: Hearings by mail may not be appealed.

(Date and Place)

(Signature)

I understand that if this form is submitted by e-mail, my typed name on the signature line will qualify as my signature for purposes of the above certification.