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

	)	
STATE OF WASHINGTON	)	Infraction Number: _____
COUNTY OF GRANT	)	
(Plaintiff)	)	
	)	STATEMENT OF DEFENDANT
	)	(Contested Hearing by Mail)
_____	)	
(Defendant)	)	

_____

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.