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

STATE OF WASHINGTON COUNTY OF DOUGLAS (Plaintiff) _____ (Defendant)	)))))))	Infraction Number: _____ AFFIDAVIT OF DEFENDANT ○ Mitigation ○ Contested

State the facts and circumstances surrounding the incident that you believe supports your position

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email address_____ ☐ I wish to be contacted by email.

If you do not hear from the court via email please check your Junk E-mail.

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. I am aware that under the Rules and Codes of the State of Washington governing Infraction law that there shall be no appeal from a decision rendered on written statements.

_____ _____

[Date and Place] [Signature]

_____

mailing address, phone number and/or email address

(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.)