



THURSTON COUNTY DISTRICT COURT

Judge Kalo Wilcox
Department 1

Judge Samuel G. Meyer
Department 2

Judge M. Brett Buckley
Department 3

REQUEST TO DEFER TRAFFIC INFRACTION

Driver's License Number	State	Citation Number
Name Last	First	Middle
Street Address		
City	State	Zip Code

I hereby certify and agree as follows: I am the person named above. I agree that I have committed the infraction(s) listed on citation number shown above. I ask the Court to defer entry of a finding that I committed the infraction(s). I have not had another traffic infraction deferred by any court within the past seven (7) years. If my infraction is for the charge of Operating a Motor Vehicle without Liability Insurance, I have shown the Court proof that I am now insured. I agree to the following conditions of my deferral: (1) I agree to pay the required Court Administrative Fee; (2) The Court will dismiss my infraction(s) one year from the date shown below if I pay the Administrative Fee and if I do not commit a new traffic infraction at any location during this one year period; (3) If I fail to pay the Administrative Fee within 90 days of the Court's granting my deferral, or if I commit a new traffic infraction, the Court will, without further notice to me or hearing, enter a finding that I have committed the infraction(s) listed on the citation number shown above and will report the finding to the Washington State Department of Licensing (DOL), and if I have failed to pay the required Court Administrative Fee within 90 days, the Court will assess a \$52.00 penalty and notify DOL to begin processing my driver's license for suspension.

I hereby certify under penalty of perjury under the Laws of the State of Washington that my foregoing statements are true and correct.

Signed at _____ (City), _____ (State) on _____, 20_____.

Defendant's Signature