

**Instructions:** You *must* fill out this form completely, legibly, and accurately. Failure to fill in your name, accurate case numbers, birth date, contact information, complete the Declaration section, and/or properly sign and date the document in the areas required may cause this document to be rejected for filing with the Court and to be returned to you. **Please Note:** The terms "case number", "cause number", "notice number", "ticket number", and "citation number" may be used interchangeably to refer to the court number assigned to your case.

<b>Spokane Municipal Court City of Spokane, State of Washington</b>	<b>Case No:</b>  <b>STATEMENT OF DEFENDANT RE: CONTESTED INFRACTION</b>
CITY OF SPOKANE, Plaintiff,  vs  _____ Defendant.	

I understand - that by submitting this Statement of Defendant Re: Contested Infraction, I am requesting the Court decide this case and any penalty associated therewith upon written statements, according to the provisions of Rule 3.5 (b) of Infraction Rules for Courts of Limited Jurisdiction (IRLJ), IRLJ 2.4(b)(4), Rule 3.4 of the Spokane Municipal Infraction Rule Limited Jurisdiction (SMIRLJ); and SMIRLJ 3.5.

I hereby state the following information related to the offense(s) charged: (Please print & attach additional sheets as necessary)

I understand that under the provisions of IRLJ 3.5(a)(4), I will have no right or ability to appeal a decision on written statements.

I promise to pay the monetary penalty authorized by law; or, at the discretion of the court, any reduced penalty that may be set.

By checking the box on the left, the defendant attests that the defendant does not have the current ability to pay the infraction in full. If the box is checked, the Court will automatically provide information about how to establish a payment plan in an Infraction Judgment following the Court's consideration of your statement and applicable law. Please note, if you fail to pay the infraction within the time required following the entry of a judgment in this matter, fail to enter into a payment plan, or fail to pay in accordance with the terms of any such payment plan, formal collection actions may result, including garnishment of wages or other assets.

I certify or declare under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

\_\_\_\_\_  
Signature (May be in any form permitted by GR 30)      Date      City and State  
**Contact Information: (Required)**

\_\_\_\_\_  
Street Address      Telephone      Email Address

\_\_\_\_\_  
City      State      Zip