Instructions: You *must* fill out this form completely, legibly, and accurately. Failure to fill in your name, accurate case numbers, birthdate, 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.

Spokane Municipal Court
City of Spokane, State of Washington

CITY OF SPOKANE,
Plaintiff,

vs

Defendant.

Case No:

STATEMENT OF DEFENDANT RE: CONTESTED INFRACTION

I understand that by submitting this written statement:

1. I am requesting the Court decide this case and any associated penalty according to the provisions of the Infraction Rules for Courts of Limited Jurisdiction (IRLJ) 2.4(b)(4) and 3.5, and the Spokane Municipal Court Local Rules (SPMIRLJ) 3.4 and 3.5, and
2. I promise to pay the monetary penalty authorized by law and assessed by the Court, or any reduced penalty imposed at the discretion of the Court, IRLJ 3.5(1)(iv) or (v), and
3. I have no right or ability to appeal a decision on a written statement. IRLJ 3.5(5)

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

☐ By checking this box, I attest that I do not have the current ability to pay the infraction in full. I have attached evidence of my inability to pay. I am requesting that the Court provide me with information regarding a payment plan. I understand that any failure to pay or enter into a payment plan may result in collection action, including garnishment of wages or other assets. IRLJ 3.5(1)(ii) & (iii).

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 of signing

Contact Information: (**Required**)

Street Address Telephone Email address

City State Zip