

**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 written statement section, and/or properly sign and date the document 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  
County of Spokane, State of Washington**

CITY OF SPOKANE,  
Plaintiff,

vs

\_\_\_\_\_  
Defendant. (Required Field)

**Case No:** \_\_\_\_\_  
(Required Field)

**STATEMENT OF DEFENDANT  
RE: CONTESTED INFRACTION**

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

I hereby state as follows (please print / attach additional sheets as necessary/ **Required**):

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

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

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

\_\_\_\_\_  
Signature (Required Field) **Contact  
Information:** (Required)

\_\_\_\_\_  
Date (Required Field) City and State (Required Field)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip