**Instructions:** You <u>must</u> fill out this form completely, legibly, and accurately. Failure to fill in your name, accurate case numbers, birthdate, contact information, complete the <u>Declaration</u> 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 County of Spokane, State of Washingto	on	
CITY OF SPOKANE, Plaintiff,	Case No:	(Required Field)
vs	STATEMENT O RE: MITIGATIO	F DEFENDANT N OF INFRACTION
Defendant. (Required Field)		
I understand that by submitting this St am requesting the Court to decide this case statements, according to the provisions of Ro Jurisdiction (IRLJ), IRLJ 2.4(b)(4), Rule 3.4 Jurisdiction (SMIRLJ); and SMIRLJ 3.5. I hereby state as follows (please print / at	and any penalty assule 3.5 (b) of Infraction of the Spokane Mu	sociated therewith upon written ion Rules for Courts of Limited inicipal Infraction Rule Limited
I promise to pay the monetary penalty authoreduced penalty that may be set.	rized by law; or, at	the discretion of the court, any
I certify or declare under penalty of perjury uforegoing is true and correct.	inder the laws of the	State of Washington, that the
Signature (Required Field)  Contact Information: (Required)	Date (Required Field)	City and State (Required Field)
Street Address T	elephone	Email Address
City	State	Zip

**STATEMENT OF DEFENDANT RE: MITIGATION** IRLJ 2.4(b)(4)

Rev 2017-10-24