



CHELAN COUNTY DISTRICT COURT
350 ORONDO AVE 4TH FLOOR
PO BOX 2686
WENATCHEE WA 98807-2686
509-667-6600

REQUEST FOR DECISION ON WRITTEN STATEMENT

Name: _____

Physical Address: _____

Mailing Address: _____

Citation Number (see upper right corner of citation and/or hearing notice: _____

I wish to mitigate the infraction(s) and seek a fine reduction

I wish to contest the infraction(s)

Statement: _____

(If you need more space, please attach additional sheets of paper, along with any other evidence/ documentation you want the court to consider.

I declare under penalty of perjury of the laws of the State of Washington that the above information and the information contained in the attachments hereto, is true and correct. I understand that there can be no appeal from a decision on a written statement pursuant to IRLJ 3.5(e).

Dated this _____ day of _____, 20____ at _____
(City / State)

Defendant Signature