

**CHELAN COUNTY DISTRICT COURT
350 Orondo Ave, 4th Floor
WENATCHEE WA 98801
509-667-6600**

REQUEST TO DEFER TRAFFIC INFRACTION

Driver's License Number	State	Citation Number
Charge		
Name: Last	First	Middle
Street Address		
City	State	Zip Code
		Date of Birth

I hereby certify and agree as follows: I am the person named above. I agree that I have committed the infraction(s) listed on the Citation Number shown above. I ask the Court to defer entry of a finding that I committed the infraction(s) cited on the above citation. I have not had another traffic infraction deferred by any court within the past seven (7) years, **nor do I have a commercial driver's license**. I agree to the following conditions of my deferral: (1) I agree to pay the required Administrative Fee as set by the judge; (2) I will pay for and attend Traffic School, if required by the Court, and understand that it is my sole responsibility to make certain the Court receives proof of my Traffic School attendance by the date set by the Court; (3) The Court will dismiss my infraction(s) at the end of the period of deferral if I pay the required Administrative Fee, successfully complete Traffic School on time (if required) and if I do not commit a new traffic violation at any location before that date; (4) If I fail to comply with the conditions of the deferral, including pay the Administrative Fee, complete Traffic School on time, or commit a new traffic violation, the Court may, without a hearing or without further notice to me, enter a finding that I have committed the infraction(s) listed on the Citation Number shown above and will report the finding to the Washington State Department of Licensing.

I certify or declare under the penalty of perjury under the Laws of the State of Washington that my foregoing statements are true and correct.

Signed at _____, Washington on _____, 20_____.

Defendant's Signature

Mailing Address

City

Zip

Daytime Telephone Number