



CHELAN COUNTY DISTRICT COURT
350 ORONDO AVE 4TH FLOOR
WENATCHEE WA 98801
509-667-6600

REQUEST FOR DECISION ON WRITTEN STATEMENT
****TO BE COMPLETED AND RETURNED TO THE COURT IF WISHING**
TO HAVE A HEARING BY MAIL RATHER THAN PERSONAL
APPEARANCE**

PLEASE NOTE THAT AFTER REVIEW OF YOUR STATEMENT, THE JUDGE MAY REQUIRE AN IN COURT HEARING BE SET

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

I wish to contest the infraction(s). If it is determined that I have committed the infraction, I agree to pay any monetary penalty authorized by law and assessed by the court.

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 understand that I may attest I do not have the ability to pay in full, and may submit evidence of inability to pay, and/or obtain a payment plan. I further understand that failure to pay or enter into a payment plan may result in collection action, including garnishment of wages or other assets.

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 LIRLJ 3.5(a)(4).

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

Defendant Signature