

**KITSAP COUNTY DISTRICT COURT
STATE OF WASHINGTON**

STATE OF WASHINGTON, <p style="text-align: center;">Plaintiff,</p> <p style="text-align: center;">v.</p> _____, <p style="text-align: center;">Defendant.</p>	No. _____ RESPONSE TO INFRACTION
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Due Date – You Must Complete This Form And The Litigant Confidential Information Form And Return Both To The Court Within 33 Days.

I have read the Notification Of Infraction/Summons and infraction. I would like to request the following (*check only one*) –

- ___ **PAY THE PENALTY IN FULL.** The full payment is enclosed.
- ___ **PAYMENT PLAN.** I would like to obtain a payment plan.
- ___ **CONTESTED HEARING.** I did not commit the infraction. I want a contested hearing.
- ___ **MITIGATION HEARING.** I admit I committed the infraction but would like a mitigation hearing so I can explain the circumstances to the judge and/or ask the judge to reduce my penalty.
- ___ **DECISION ON WRITTEN STATEMENT.** I would like to respond to the infraction by submitting a Request For Decision On Written Decision (form is on the court website).

Make sure to complete the Request For Decision On Written Statement and return it with this form to the Court.

___ **DEFERRED FINDING (TRAFFIC INFRACTIONS ONLY).** I would like the judge to decide if I am eligible for a deferred finding. If not eligible, I request the following –

- ___ Contested Hearing.
- ___ Mitigation Hearing.
- ___ Decision on Written Statement. [See the Decision On Written Statement instructions above].

SIGNED at (city) _____, (state) _____ on (date) _____.

/s/ Signed Electronically

[Note – By typing your name, you intend to sign electronically and agree your electronic signature is the same as a handwritten signature for the purpose of validity, enforceability, and admissibility.]