

**COWLITZ COUNTY DISTRICT COURT**

312 SW 1<sup>ST</sup> AVE RM 207 KELSO WA 98626

Phone (360) 577-3073

**REQUEST AND ORDER TO DEFER TRAFFIC INFRACTION**

Name, Last	First	Middle
Driver's License Number	State	Date of Birth
Street Address	P.O. Box	
City	State and Zip Code	
Citation Number(s)	Charge(s)	
1. _____	1. _____	
2. _____	2. _____	

**I HEREBY** certify and agree as follows:

1. I am the person named above.
2. 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).
3. I have not had another infraction deferred by any court within the last seven (7) years.
4. I do not have a Commercial Driver's license (CDL).

**I AGREE** to the following conditions of my deferral:

1. Pay the Court Administrative fee of \$150.00 for the first violation plus \$50 per additional violation within 60 days from today. The total amount due is \$ \_\_\_\_\_.
2. If I am unable to pay within 60 days I agree to contact CPMS at 1-877-748-4936 immediately to arrange to make monthly payments. The total balance must be paid in full within a year if on a monthly payment plan with CPMS.
3. I will comply with any other conditions imposed by the judge.
4. I will not receive any infraction(s) or criminal charge(s) within 1 year. (If there is a new charge, the burden is on the defendant to come to court to explain why the court should not revoke the Deferred Finding).
5. There will be no extensions on due dates.
6. I understand that if I violate any of the above conditions the court will enter a finding that I have committed the infraction(s) listed on the Citation shown above, and will report the finding to the Washington State Department of Licensing (DOL).
7. I agree to keep the court informed in writing of my mailing address for 1 year.

I UNDERSTAND that pursuant to RCW 46.63.070(5) the court will dismiss my infraction(s) one-year from the date below if I comply with the conditions listed above.

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

Signed on \_\_\_\_\_ at \_\_\_\_\_  
Date City/State Defendant's Signature

**COURT USE ONLY**

<input type="checkbox"/> IT IS HEREBY ordered that the finding on the above Citation(s) be deferred for 1 year and a dismissal will be entered at that time if all conditions are met as agreed to above per administrative order. <input type="checkbox"/> The request to defer the above Citation(s) is denied. <input type="checkbox"/> All conditions have been meet and the above Citation(s) is/are dismissed per administrative order. <input type="checkbox"/> All conditions have not been met and the above Citation(s) are committed per administrative order. Date _____
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