
REQUEST FOR CONTESTED HEARING BY MAIL

You may present your case to the Court by mail. The Court must receive your request for hearing by mail and statement before your scheduled court appearance. You will be notified by mail of the Judge's decision. Please see the reverse side for a Deferred Finding option.

Infraction Number: _____

I disagree I have committed the infraction(s). I request the Court to consider my written statement explaining the circumstances regarding the incident. I understand my appearance is waived for the hearing. I understand I have no right to appeal the Judge's decision.

I certify under penalty of perjury under the laws of the State of Washington that the attached statement is true and correct.

Signature Phone: (_____) _____

Mailing Address

PAYMENT OPTIONS

Select one of the following payment options below.

- I will pay in full within 30 days of the date of the order.
- I am unable to pay in full within 30 days.
I will pay \$_____ per month by the _____ day of each month beginning next month.

Payments may be made by cash, check or credit card.

Credit card payments may be paid online at poulsbomunicipalpayments.com or by phone at 360-626-6073.

Failure to pay as scheduled will result in a \$52.00 delinquent fee being assessed to my case, the possible suspension of my driving privilege, and the case balance being referred to collections (RCW 19.61.500).

Poulsbo Municipal Court
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Poulsbo, WA 98370
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