



Pierce County District Court

930 Tacoma Ave S Rm 239
Tacoma, WA 98402
(253) 798-7487

HEARING BY MAIL STATEMENT

Name _____ Infraction No. _____

Address _____

City/State/Zip _____ Violation Date _____

_____ I want to contest (challenge) this matter. I want the Court to consider my written statement to support my belief that I did not commit the violation. Please see my statement below.

_____ I agree I have committed the violation. I want the Court to consider my written statement explaining the mitigating circumstances surrounding this incident. Please see my statement below.

STATEMENT

I understand there is no appeal allowed from the Court’s order based on my sworn written statement. I promise that if it is determined that I committed the violation for which I was cited, I will pay the monetary penalty assessed by the Court. I understand making a false statement under oath is a gross misdemeanor. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

(City) (Date) Signature

THE COURT MUST RECEIVE THIS STATEMENT WITHIN 15 DAYS FROM THE DATE THE NOTICE OF INFRACTION WAS ISSUED.

To pay by credit care online, go to www.officialpayments.com and enter Jurisdiction Code 5684.

To pay by phone, call (800) 272-9829 and enter Jurisdiction Code 5684.