

**WEST KLICKITAT COUNTY DISTRICT
COURT – STATE OF WASHINGTON**

501 NE Washington Street
P.O. Box 435
White Salmon, WA 98672
Tel. 509-493-1190

____ State of Washington
____ City of Bingen
____ City of White Salmon

NO: _____

**Infraction – Deferred
Finding**

Defendant

STATEMENT OF RESPONDENT

I understand that the court will defer the entry of a “finding of committed” in this case for a period of six (6) months. I further understand that this infraction shall be dismissed at the end of the deferral period, provided that I pay a court administration fee of \$150.00 prior to commencement of the deferral period and do not commit any further infractions or criminal traffic offenses during the deferral period.* I also understand that if I am an out-of-state driver I must provide the court with a valid copy of my Department of Licensing driving record at the end of the deferral period, or appear in court. Should I fail to comply with any condition set out in the order signed by the court, the court will find this infraction committed and may enforce the entire penalty stated on the Notice of Infraction and impose a Failure To Appear assessment.

I hereby waive any right I have to a speedy hearing, including the rights I have under IRL2.6. I understand that I am entitled to only one deferral in a seven-year period in the State of Washington, and confirm that I do not have a Commercial Driver’s License.

DATE

RESPONDENT

Mailing Address

City State Zip

* If deferral is requested/granted by mail or via phone, payment of administration fee must be delivered to court with this form.