

MASON COUNTY DISTRICT COURT

419 N. 4th ST. / P.O. Box "O"
 Shelton, WA. 98584
 (360) 427-9670 ext. 339 Fax (360) 427-7776

ORDER TO DEFER TRAFFIC INFRACTION

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

I HEREBY certify and agree as follows:

- I am the person named above.
- I agree that I have committed the infraction(s) listed on Citation number shown above.
- I ask the Court to defer entry of a finding that I committed the infraction(s).
- I have not had another moving, or non-moving traffic infraction deferred by any court within the last seven (7) years.
- 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 in full today. If you are unable to pay in full at this time, you may pay in full within 90 days for an additional fee of \$ 10.00 for a total of \$ 160.00.
2. Pay restitution to any victim and show proof within 90 days.
3. I will not receive any infractions or criminal charges 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).
4. There will be no extensions on due dates.
5. 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), and I will be required to pay the fine listed on the face of the ticket (\$ _____) in addition to the Administrative costs within 30 days.
6. I agree that if I fail to pay the fine due in #5, the Court will add an additional late fee, send the account to Collections, Notify DOL, and my license will be suspended.
7. I agree to keep the court informed in writing of my mailing address for 1 year.
8. If I possess a license other than a Washington State license, I **MUST** at six and twelve months of the Deferral, send the court a certified copy of my out of state driving record **OR** a Faxed Driving abstract **directly from the agency** responsible for maintaining driving records in that state.

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

Signed on _____, day of _____, _____
Defendant's Signature

IT IS HEREBY ordered that the finding on the above Citation be deferred for 1 year and a dismissal will be entered at that time if all conditions are met as agreed to above.

Dated this _____, day of _____, _____
Judge/Pro-tem