

Westport Municipal Court

Stephen J. Hyde, Judge
PO Box 1208 604 N Montesano St.
Westport, Washington 98595-1208
360-268-0125 FAX # 360-268-6158

MITIGATION BY MAIL

We received your request for a hearing to mitigate (explain the circumstances) your traffic infraction. You have admitted guilt, and the charge will appear on your driving record unless you qualify for a Deferred Finding Program (see below). The Judge can reduce the penalty amount based on your submitted statement, any additional documents submitted, your driving record and/or the circumstances involved.

You must complete the declaration attached and return it to the Court, along with any other supporting documents, by _____.

Failure to do so will result in the infraction being committed, a \$52 default penalty will be added, and the infraction will be reported to the Dept. of Licensing. Unpaid fines may also result in referral to a collection agency and suspension of your driving privileges.

The Judge will review your declaration, along with any supporting documents, and the police officer’s sworn statement and will render a decision on the next available court date of: _____. If the infraction is found to have been committed, a monetary penalty will be determined. The penalty will be based on the facts of the case and your driving record. The penalty will be set up on a time payment plan. The Judge’s ruling, along with the time payment schedule, will be mailed to you.

DEFERRED FINDING PROGRAM

If you have not had a deferred finding within the past 7 years, you may be eligible for the Deferred Finding Program. This program allows you to keep the infraction off your driving record. You must admit the offense, enter into a 12 month probationary period during which you may not have any further violations, and you must pay fine/costs ordered within 90 days of entry. If you comply, the infraction will be dismissed from your record.

() If I am eligible for the Deferred Finding Program, I agree to abide by the conditions and pay the fee. (Proof of valid license, insurance or registration required if the charge is related to one of these infractions).

() I ADMIT TO COMMITTING THE INFRACTION(S).

Defendant’s Signature_____ Address_____

Date_____ Infraction # _____ Phone_____

