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CITY
OF **LACEY**

420 COLLEGE ST SE
LACEY, WA 98503

REQUEST TO DEFER TRAFFIC INFRACTION

DRIVER LICENSE #	State	Citation Number
Name-Last	Name-First	Middle
Mailing Address	City, State	Zip

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 traffic infraction deferred by any court within the past seven (7) years. If my infraction is for the charge of Operating a Motor Vehicle without Liability Insurance, I have shown the Court proof that I am now insured. I agree to the following conditions of my deferral: (1) I agree to pay the required Court Administrative Fee; (2) The Court will dismiss my infraction(s) one year from the date shown below if I pay the Administrative Fee and if I do not commit a new traffic infraction at any location during this 1 year period; (3) If I fail to pay the Administrative Fee within 90 days of the Court's granting my deferral, or if I commit a new traffic infraction, the Court will without further notice to me or hearing, enter a finding that I have committed the infraction(s) listed on the citation number shown above and will report the finding to the Washington State Department of Licensing (DOL), and if I have failed to pay the required Court Administrative Fee within 90 days, the Court will assess a \$52 penalty and notify DOL to begin processing my driver's license for suspension.

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

Signed at _____ (City) _____ (State) on _____, 20____

Defendant's Signature



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420 College Street SE
LACEY, WA 98503-1238
www.ci.lacey.wa.us

RE: Citation Number _____

You have qualified for the deferral program on your traffic infraction. If you meet **all** of the conditions of the deferral, listed below, the infraction will be dismissed. You may have a deferral only once every 7 years anywhere in the state. The terms of the deferral are as follows:

1. The period of deferral is for one year. Return the request form and fee within 30 days of receiving the infraction and commit no other infraction within this deferral period.
2. You must complete, sign and return the Request to Defer Traffic Infraction form and the administrative fee (see #3) by the payment due date on the form. **No reminder notices will be mailed to you, and you will not be allowed any extensions past the due date.** The form and payment may be mailed or hand delivered to the Lacey Violations Bureau at 420 College St SE, Lacey, WA 98503. **If you wish to receive confirmation of receipt, please include a self-addressed, stamped envelope, or you may call 360-491-3211 for verbal confirmation.** If you do not receive confirmation, it is your responsibility to contact our office.
3. The administrative fee is based on the charges on your infraction. The cost is \$150 for one charge and an additional \$70 for each additional charge. **(Check, cash, or money order only)**. If any of the charges include any violation of vehicle licensing (RCW 46.16), driver's licensing (RCW 46.20), no proof of insurance (RCW 46.30), or defective vehicle equipment (RCW 46.37), you must show proof of proper licensing, insurance, or corrected equipment prior to applying for this deferral. Payment deadline will not be extended beyond payment due date regardless of the above conditions.

If you fail to comply with any of the conditions of your deferral, without further notice to you, the deferral will be revoked and a finding of committed will automatically be entered with the Department of Licensing. If fees and form are not returned by the payment due date, a \$52 fine will be assessed and DOL will place a lien against your driver's license, and suspend your license until the fine is paid.

If you have any questions or need additional information, you may contact the Violations Bureau at the phone number listed below.