POULSBO MUNICIPAL COURT COUNTY OF KITSAP STATE OF WASHINGTON	200 NE MOE STREET POULSBO, WA 98370 (360) 779-9846 / *poulsbocourt@poulsbo.gov* https://poulsbo.gov/poulsbo-municipal-court/
CITY OF POULSBO, Plaintiff, v. _____, Defendant.	CASE NO(s): _____ **REQUEST FOR DECISION ON WRITTEN STATEMENT**

I understand that by requesting the judge to hear my case by written statement, I am waiving (giving up) my right to appeal the judge's decision. I want the following hearing (*check only one*) –

☐ **Mitigation Hearing**. I admit I committed the infraction(s) but would like to explain the circumstances to the judge and/or ask the judge to reduce my penalty.

☐ **Contested Hearing**. I did not commit the infraction(s).

The following is my sworn statement (attach additional pages or materials if necessary) **Note**: Anything submitted to the court will not be returned.

I promise that if it is determined that I committed/deferred the infraction(s) for which I was cited, I will pay the monetary penalty authorized by law and assessed by the Court.

Select one of the following payment options below.

☐ I will pay in full within 30 days of the date of the order.

☐ I am unable to pay in full within 30 days.
I will pay $_____ per month by the _____ day of each month beginning next month.

Payments may be made by cash, check or credit card.
Credit card payments may be paid online at poulsbomunipayments.com or by phone at 360-626-6073.

Failure to pay as scheduled will result in a $25.00 delinquent fee being assessed to my case, the possible suspension of the vehicle registration, and the case balance being referred to collections (RCW 19.61.500).

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge, information and belief.

SIGNED at (city) _____, (state) _____ on (date) _____.

_____ _____
Email Address Defendant's Signature