

**NOTICE OF INFRACTION**

This is a non-criminal offense that cannot be punished by a jail sentence.  
You must respond within fifteen (15) days from the day issued

To respond, you must check on of the boxes below and return this form to

**Jefferson County District  
1820 Jefferson St  
PO Box 1220  
Port Townsend, WA 98368  
360 385 9135**

If you do not respond to this ticket or appear for court hearings this will happen to you

**Traffic**

**Non Traffic**

The court will find you committed infraction  
You will lose your driver's license/privilege  
Your Penalty will be increased  
If you don't pay your case may be sent to collections

The court will find you committed infraction  
You may be charged with a crime and may go to jail  
Your penalty may be increased  
If you don't pay your case may be sent to collections

Here are the three ways you can respond.  
Pick only one by putting an "X" in the box.  
Sign your name at the bottom.

**I have enclosed a check or money order**, in U.S. funds, for the amount listed on the front of the ticket. I understand this will go on my driving record if "traffic" is checked on the front. **DO NOT SEND CASH.** NSF checks will be treated as failure to respond.

**I want a mitigation hearing (to explain the circumstances).** Please send me a court date, and I promise to appear on that date. I know I can ask witnesses to appear but they are not required to appear. I understand this will go on my driving record if "traffic" is checked on the front of my ticket.

**I want to contest (challenge) this infraction.** I did not commit the infraction. Please send me a court date, and I promise to appear on that date. I know I can require witnesses, including the officer who wrote the ticket, to attend the hearing. The court will tell me how to request a witness's appearance. I understand this will go on my driver's record if I lose and "traffic" is checked on the front of my ticket.

My **MAILING** address is: (Please Print)

Name \_\_\_\_\_  
Street or PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**X** \_\_\_\_\_  
(Signature)

Ticket Number \_\_\_\_\_