

STATE OF WASHINGTON WINTHROP MUNICIPAL COURT

David Ebenger, Judge

State of Washington, Winthrop Municipal Court
Vs.

Case Number: _____

Contested Hearing Findings and Order

Name _____

Mailing Address _____

City, ST Zip _____

DONOT WRITE BELOW THIS LINE

The Court has determined that the infraction was committed and the penalty shall remain:
Count 1 \$ _____ Count 2 \$ _____ Count 3 \$ _____ FINE \$ _____

The Court has determined that the infraction was committed, but the penalty shall be reduced to:
Count 1 \$ _____ Count 2 \$ _____ Count 3 \$ _____ FINE \$ _____

The Court has deferred finding on this case for _____ months. If there are no further moving/non-moving traffic violations during the deferral period the following infractions will be dismissed. Court fees are indicated below:
Count 1 \$ _____ Count 2 \$ _____ Count 3 \$ _____ COSTS \$ _____

The Court has dismissed the following infractions:
Count 1 Count 2 Count 3

Count _____ The Court has determined that there was valid insurance at the time of the stop. The infraction will be dismissed upon payment of \$25.00 administrative fees. COSTS \$ _____

TOTAL FINES/COSTS \$ _____

Other:

Dated: _____

David Ebenger Pro Tem Judge

Please choose one of the following options:

Payment in the amount of \$ _____ is due 30 days from the date of this Order. (DUE DATE _____)

Mail Payment to: Winthrop Municipal Court, PO Box 459, Winthrop, WA 98862 Include a copy of this document with payment.

(to choose the monthly payment option - you must sign below, enclose first installment and return this form by the due date listed above)

I wish to make monthly payments on my court assessed fine in the amount of \$ 50.00 per month. I understand that I will be assessed \$10.00 time payment fee for each charge (Max \$20.00). I understand that the court does not send monthly reminder statements; that I am responsible for making the payment as agreed. Payments are due on the 25th day of each month beginning the month following the court's decision on this case. First payment due: _____

***** REQUEST FOR TIME PAYMENTS MUST BE RETURNED BY THE DUE DATE LISTED ABOVE *****

Date: _____

Signature

**FAILURE TO PAY IN FULL OR RETURN TIME PAYMENT REQUEST BY DUE DATE MAY RESULT IN ADDITIONAL FEES AND SUSPENSION OF YOUR DRIVING PRIVILEGE **