

**IN THE DISTRICT COURT FOR THE STATE OF WASHINGTON  
IN AND FOR THE COUNTY OF DOUGLAS**

STATE OF WASHINGTON	)	
COUNTY OF DOUGLAS	)	Infraction Number:
(Plaintiff)	)	
	)	AFFIDAVIT OF DEFENDANT
	)	
(Defendant)	)	
	)	

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State the facts and circumstances surrounding the incident that you believe support your position that the infraction was not committed.

I promise that if it is determined that I committed the infraction for which I was cited, I will pay the monetary penalty authorized by law and assessed by the court.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I am aware that under the Rules and Codes of the State of Washington governing Infraction law that there shall be no appeal from a decision rendered on written statements.

[Date and Place]

[Signature]

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Mailing address, phone number, and/or email address

(I understand that if this form is submitted by e-mail, my typed name on the signature line will qualify as my signature for purposes of the above certification.)