

**IN THE DISTRICT COURT OF SPOKANE COUNTY, WASHINGTON**

STATE OF WASHINGTON  
vs.

CASE NO. \_\_\_\_\_

DEFENDANT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**DEFENDANT'S  
PETITION TO GRANT MITIGATION**

Defendant moves the Court to grant a Mitigation Hearing or a Mitigation of Penalty under IRLJ 3.2 for the following case:

VIOLATION DATE \_\_\_\_\_ CHARGE(S) \_\_\_\_\_

This Request is based on good cause in that the Defendant:

Failed to respond within the allowable time

Failed to appear for the hearing on: \_\_\_\_\_

The reason for Defendant's failure to respond or appear:

I certify under penalties of perjury that the above statement is true and correct.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**NOTICE TO PETITIONER**

The Court grants Mitigation and reduces the fine to: \$ \_\_\_\_\_

Time Pay Set Up Fee \$ \_\_\_\_\_  Late Penalty \$ \_\_\_\_\_  Lift Failure to Appear Order

**TOTAL AMOUNT DUE: \$ \_\_\_\_\_**

**Time Pay Set at:**

\$25 Mo Starting \_\_\_\_\_  Due in full by \_\_\_\_\_

Failure to pay timely will result in an additional penalty, referral to a collection agency and notice to the Department of Licensing resulting in the suspension of your driving privileges.

The Court **denies** your petition.

The Court **grants** the petitioner a Mitigation Hearing.

\_\_\_\_\_ at \_\_\_\_\_ am/pm \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

DATE \_\_\_\_\_ JUDGE/COMMISSIONER \_\_\_\_\_

REMIT CHECK OR MONEY ORDER TO:

SPOKANE COUNTY DISTRICT COURT  
PO BOX 2352  
SPOKANE, WA 99210  
509-477-4770 EXT. 5

SPOKANE COUNTY DISTRICT COURT  
VALLEY OFFICE  
12710 E SPRAGUE  
SPOKANE VALLEY, WA 99216  
509-477-3390

PAYMENT BY CREDIT CARD  
OFFICIAL PAYMENTS CORP  
1-877-646-4788  
CASE NUMBER IS REQUIRED  
3 TO 4 DAYS TO PROCESS

DISTRICT COURT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT (ADA). PERSONS WITH DISABILITIES THAT WOULD REQUIRE ACCOMODATIONS SHOULD CALL THE COURT AT 509-477-2903, TDD AVAILABLE.