

**DES MOINES MUNICIPAL COURT, KING COUNTY, WASHINGTON  
NORMANDY PARK MUNICIPAL COURT, KING COUNTY, WASHINGTON**

**AGREED DEFERRAL OF TRAFFIC INFRACTION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Citation No: \_\_\_\_\_ Deferral End Date: \_\_\_\_\_

I understand that I may have only ONE (1) deferral for a moving violation and ONE (1) deferral for a non-moving violation within a SEVEN (7) year period. I certify under penalty of perjury under the laws of the State of Washington that I have not had a deferred finding for a traffic infraction within the last SEVEN (7) years and I do not possess a commercial driver's license.

**I agree to comply with the following conditions:**

- No new traffic infractions or criminal traffic law violations for one (1) year.
- Pay court costs in the amount of **\$150.00**. These costs are non-refundable. **Payment is due at the time the deferral is submitted to the court.**

**I agree that if I violate any of the above conditions that the ticket will be found committed and reported to the Washington State Department of Licensing. I also agree and understand that I will be required to pay the original amount of the infraction plus a \$52 default penalty in addition to the court costs already imposed by the Court and that the unpaid fines may result in referral to a collection agency and suspension of my privilege to drive.**

I understand that if I comply with all the conditions as outlined above that at the end of the one (1) year deferral period, the Des Moines Municipal Court will dismiss the above infraction(s) and the Department of Licensing will not be notified. My court record (for court purposes only) will show that I have been granted a deferral.

Approved  Not Approved

\_\_\_\_\_  
**Defendant's Signature** **Date**

\_\_\_\_\_  
Date Judge/Pro Tem

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State** **Zip**