



FIFE MUNICIPAL COURT
3737 Pacific Highway E, Suite 100
Fife, WA 98424
253-922-6635
Fax: 253-926-5435

DECLARATION OF NON-RESPONSIBILITY
PHOTO INFRACTION

CITY OF FIFE,

Plaintiff,

VS.

Defendant

Ticket No: _____

License Plate #: _____

State of Plate: _____

In the spaces above you must accurately write the 9 digit number that appears in the top middle of the Notice of Infraction, the license plate number and state for the vehicle involved in the infraction. Please write clearly and make sure you record the information accurately. If the Notice of Infraction Number is unclear or incorrect, the Court will not be able to match your declaration to your infraction, and the infraction will go to a collection agency if not paid.

**** You must have this form returned to the court by the due date to avoid additional fees ****

EMPLOYER OWNED VEHICLES: A Declaration of Non-Responsibility may not be used by employers/principals to transfer responsibility to their employees/agents. A vehicle registered to an employer/principal that is driven by an employee/agent remains in the "care, custody, and control" of the employer/agent and thus, the employer/principal is responsible for payment of a photo infraction by submitting payment directly to the court or by requesting a hearing in his or her name. Photo infractions will NOT appear on your driver's license records at the Department of Licensing, nor will it affect your insurance.

I received the Notice of Infraction, number listed above. At the time of the violation indicated in the Notice of Infraction, the vehicle described in the notice was:

PERSONAL VEHICLES:

- ☐ In the care, custody or control of another person at the time of the infraction.
- ☐ The vehicle was stolen or sold prior to the date of the infraction. **YOU MUST** file proof of sale or the police report if the vehicle was stolen.

DECLARATION I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Print Name: _____

Signature: _____ Date: ____/____/____ City, State: _____

Address: _____
Street City/State Zip Code

Phone: _____ Email: _____