Anacortes Municipal Court
1218 24th Street, Anacortes, WA 98221
360-293-1913

DEFENDANTS REQUEST

NAME _____

ADDRESS _____

CITY, STATE ZIP _____

Case Number(s):

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

I am requesting the below: *(Please mark all that apply)*

☐ Recall fines from collections. **I understand that any of my cases in garnishment cannot be recalled from collections.*

☐ Adjudicate FTA and waive balance of late fee.

☐ Payments of $_____ or more each month shall begin on _____ to the clerk of the court.
(Extension of up to one year to pay fine in full at monthly payments) **A $10 time payment fee may be assessed on infractions.*

☐ Consolidate fines into one payment.

☐ Allow community service work for ☐ all of the fine ☐ all but mandatory minimum ☐ ____ of fine.

☐ Reinstate deferred finding: Pay in full date: _____

☐ Reduce fine upon proof of:

☐ license ($140) ☐ insurance ($140) ☐ vehicle registration ($136 or $90) by date due.

** Reduction of fine applies to cases 2 years & less from date of violation and may not exceed current balance*.

☐ Motion to set aside judgment. Set for ☐ mitigation ☐ contested.

☐ Other: _____

_____

_____

_____

_____

_____

Defendant's Signature _____ Date: _____