



BAINBRIDGE ISLAND MUNICIPAL COURT  
 Mailing address: PO Box 151  
 Rollingbay, WA 98061  
 Location address: 10255 NE Valley Road  
 Bainbridge Island, WA 98110  
 Phone: 206-842-5641  
 Fax: 206-842-0316  
 Website: www.bainbridgewa.gov/court  
 Email: court@bainbridgewa.gov

**REQUEST FOR MITIGATION HEARING BY MAIL**

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

Ticket No: \_\_\_\_\_

Hearing Date (if scheduled):  
 \_\_\_\_\_

**Hearing by Mail, Fax, or Email:** You may present your mitigation case for a parking ticket or infraction to the Court by mail, fax, or email. If you wish to contest your ticket, you must appear in person to present your case. For mitigation by mail, please fill in this form and attach your statement and any supporting documentation that you want the court to consider. For example- copy of a parking permit, proof of insurance, proof of registration/ tabs, photos, etc.

The Court must receive your statement before your scheduled court appearance date or with your initial response to the ticket. You will be notified by mail of the Judge’s decision. If a fine is imposed it will not be greater than the fine indicated on your ticket and will be due within 60 days of the court order. If you want and qualify for a Deferred Finding, fill out and send in the Deferred Finding form.

***The following allow for reduction or dismissal by statute:***

- **No Insurance.** If you had insurance at the time of the stop, submit a copy of your insurance ID card to the Court that your insurance was in effect on the date of your traffic ticket. Your insurance charge will be dismissed and you will be assessed a \$25 administrative cost. (If you have additional charges, address those in your mitigation request.) If you obtain insurance after the ticket, submit a copy of your insurance ID card with your statement. RCW 46.30.020(2).
- **Handicap Parking.** If you had a valid handicap parking placard at the time your ticket was issued, submit a copy of your handicap placard and ID card with your statement on this form. You must establish the handicap placard was valid at the time of the ticket. The judge will review and the ticket will be dismissed. RCW 46.19.050(4).

I agree I have committed the infraction(s) on the above ticket number. I want the Court to consider my written statement explaining the circumstances surrounding this incident. **I do not want to appear in person for a hearing.** I understand there is no appeal allowed from the Court’s determination or order.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the attached statement is true and correct. I promise that I will pay the monetary penalty authorized by law and assessed by the Court.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

