In the Municipal Court of the City of Hoquiam, State of Washington
William J. Stewart, Judge

Written Hearing Statement

Please Print

Ticket Number_____

_____
Last Name First Name Middle Initial Date of Birth

_____
Phone Number Mailing Address City State Zip Code

Statement:_____

_____

_____

_____

_____

_____

_____

_____

□ I certify the above is true and correct □ I promise to pay the penalty if one is imposed.

_____ _____
Date of Statement Signature of Defendant

Please do not write below this space. If you need more space feel free to attach another sheet of paper.

Finding: □ Committed □ Not Committed

Penalty/Costs $_____ Payable within _____

Suspended $_____ □ Monthly Payments authorized $_____ per month starting

Total Due $_____ _____and on the _____of each month until paid .

□ Deferred for a period of: _____ months. To have no further violations during the deferral period.

Other:_____

_____ _____
Date Judge

THE COURT MUST RECEIVE THIS FORM 7 DAYS PRIOR TO HEARING

609 8th Street ~ Hoquiam WA 98550 ~ (360) 637-6035