Benton County District Court

7122 W. Okanogan Place, Ste. A110
Kennewick, WA 99336
Telephone: (509) 735-8476
Fax: (509) 736-3069

REQUEST FOR CONTESTED HEARING BASED ON A WRITTEN STATEMENT

NAME_____ **TICKET #**_____

Statement of why you are contesting your ticket:

Attach any documentation such as insurance, registration, disabled parking permit if applicable.

- ~ Proof of Insurance
- ~ Copy of Vehicle Registration
- ~ Proof of Motorcycle Endorsement
- ~ Disabled Parking Placard
- ~ Proof of Valid Driver's License

1. If your infraction is found committed a monetary penalty will be imposed.
2. If your infraction is found not committed the infraction will be dismissed.
3. The Court will notify you in writing whether your infraction was found to have been committed or not committed, and what penalty if any was imposed.
4. **There is no appeal from a decision on written statements.**

_____ _____
Signature Telephone

_____ _____
Mailing Address City State Zip

_____ _____
Email Address Today's Date