Benton County District Court
7122 W. Okanogan Pl. Bldg. A
Kennewick, WA 99336
(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:

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

- **If your infraction is found committed a monetary penalty will be imposed.**
- **If your infraction is found not committed the infraction will be dismissed.**
- **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.**
- **There is no appeal from a decision on written statements.**

_____ _____
Signature **Telephone**

_____ _____
Mailing Address **City** **State** **Zip**

_____ _____
Email address **Today's Date**