

Orting Municipal Court
104 Bridge Street S.
P.O. Box 489
Orting, Washington 98360
Ph # 360-893-3160 or Fax # 888-898-9768

Name _____
Address _____

ADMINISTRATIVE REVIEW RE:
FINANCIAL STATUS AND/OR GOOD CAUSE
INFRACTION CASES

Please list ALL cases (including amounts due) you want the court to consider:

1. _____
2. _____
3. _____
4. _____

Statement of defendant: I understand these cases are/will be in collections status. Please grant the following requests:

- | | |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Reschedule my court hearing because I failed to appear | <input type="checkbox"/> Remove the FTA(s) |
| <input type="checkbox"/> Allow me to set a time payment program for the fines/penalties due | <input type="checkbox"/> Remove the case(s) from collections |
| <input type="checkbox"/> Set a hearing for me to present my argument to you in person | <input type="checkbox"/> Other _____ |

I have/have not attached a complete Financial Information form. My request is based on the following reasons:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true.

Signed at Orting, WA on _____ Defendant's Signature _____

Your failure to appear/respond was not justified. A finding of committed has been entered and the Department of Licensing has been notified. Your driver's license may be suspended. The amount due for this case(s) is \$ _____. Which does/does not include a late penalty of \$52.00. If the case(s) is in collection status, you are responsible for additional collection costs and interest and you should contact Allianceone Collections, at 1-800-456-8838.

Case(s) shall be removed from collections status. Fta's shall be adjudicated

You are allowed to set a time payment program for these cases. You must appear in person at the court counter to do so. The case(s) will/will not be continued in collection status with FTAs issued until you appear and sign for your time payment program. Minimum monthly payment shall be \$ _____. Any missed monthly payment will result in re-referral to collection status and re-issuance of the FTA. No further time payment extensions or agreements will be allowed.

No time payment plan is authorized. You must contact Allianceone Collections, at 1-800-456-8838 For payment arrangements.

Your case(s) was previously removed from collections. You must contact Allianceone Collections, at 1-800-456-8838.

A hearing has been set for _____ at _____ for you to appear and present testimony regarding your request.

Other: _____

Date: _____

Kim Kainoa, Court Administrator by: _____