



**BLACK DIAMOND MUNICIPAL COURT**  
25510 Lawson Street ~ PO Box 599 ~ Black Diamond, WA 98010  
Phone: (360) 851-4490 Fax: (360) 851-4491

**SHOW CAUSE REQUEST**

NAME: \_\_\_\_\_ CASE #: \_\_\_\_\_

I FAILED TO:

RESPOND TO MY TICKET WITHIN 15 DAYS

APPEAR FOR MY SCHEDULED HEARING

OTHER: \_\_\_\_\_

BECAUSE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AM REQUESTING THE FOLLOWING:

SCHEDULE AN IN-PERSON MITIGATION / CONTESTED HEARING

REVIEW MY WRITTEN STATEMENT FOR DECISION BY MAIL (SEE ATTACHED)

TRAFFIC SCHOOL

COMMUNITY SERVICE IN LIEU OF FINE(S)

REMOVE THE LATE FEE

RECALL THE FINE(S) FROM COLLECTIONS

OTHER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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