IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF CLATSOP PO Box 835 Astoria OR 97103 503-325-8555

State of Oregon

Case No:_____

vs.

VIOLATION ELECTION FORM

Defendant.

Plaintiff.

NOTICE TO DEFENDANT

You may choose any one of the following ways to take care of your violation.

- **1**. Enter a no contest plea in person. You must pay the fine and assessments.
- □ 2. Enter a no contest plea by telephone or in writing. No personal appearance is necessary. You must pay the fine and assessments. If you paid the base fine amount in advance, this option may result in the forfeiture of some or all of the payment.
- 3. Enter a not guilty plea and have a trial before the judge with the police officer present. You must provide your current mailing address and keep the court advised of your mailing address at all times. If you do not receive a trial notice and court date within two weeks, you must contact the court immediately. You may be required to deposit the base fine amount in advance. You must appear in person at the time set for trial.
- □ 4. Enter a not guilty plea and submit the entire trial in writing. You will not have to appear in person, but if you wish to testify, your testimony must be presented by declaration on a form provided by the court. The testimony of the officer and all witnesses will be submitted to the judge in writing. By selecting this option, you waive your right to have testimony presented orally in court. Return this form with your completed declarations.

I am the defendant in this case, and I understand the options available to me and have chosen the option checked above. I agree that if I am convicted, I will pay all fines and fees imposed within 30 days of the court's order. I understand that if I fail to pay any fines and fees as required, my driver's license and right to apply for a license will be suspended.

Dated this _____ day of ______, 20_____,

Defendant's signature

Address

City/State/Zip

(Area Code) Phone Number

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF CLATSOP PO Box 835 Astoria OR 97103 503-325-8555

State of Oregon vs.		Case No:
	Plaintiff,	DEFENDANT'S DECLARATION
	Defendant.	(Trial by Declaration)
I waive my right to appe I understand that I will l	ar personally at trial and be notified by mail of the	submit my evidence by this Declaration to the court. court's decision.

Additional page attached

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Date

(signature)

Print Name

Contact Address

City, State, Zip

Contact Phone