



BLACK DIAMOND MUNICIPAL COURT

25510 Lawson Street
Black Diamond, WA 98010

Phone: (360) 851-4490 Fax: (360) 851-4491
Email: court@blackdiamondwa.gov

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: _____
