

REQUEST TO DEFER TRAFFIC INFRACTION

COLFAX MUNICIPAL COURT

NAME _____ **INFRACTION #** _____

ADDRESS _____

PHONE _____

EMAIL _____

DRIVING LICENSE # _____

I request that the court defer findings on the above infraction for a period of 6 months. I agree to pay the maximum penalty amount for this infraction of \$_____, together with a \$75.00 administrative fee for a total assessment of \$_____. My payment is enclosed. I certify that I have not deferred any other traffic case within the past 7 years.

DEFENDANT'S SIGNATURE