



INTENT TO SEEK DEFERRED PROSECUTION

If you have been arrested for an alcohol/drug related offense involving a motor vehicle, your driving privilege can be suspended, revoked, or denied.

If you intend to seek a deferred prosecution from the court, you may use this form to request that we stay (not impose) this action. The stay will be no longer than 150 days after the charges are filed, or two years after the date of the arrest, whichever time period is shorter.

To qualify for a stay, you must:

- have submitted to a breath/blood test.
- have not entered into an alcohol/drug related deferred prosecution program previously.
- file an intent to seek deferred prosecution with us.

To file an intent to seek a deferred prosecution, complete this form and mail or fax to:

Department of Licensing
 Deferred Prosecution
 PO Box 9030
 Olympia, WA 98607-9030
 (360) 902-3802

If you qualify, we will notify you by mail. If you had a valid Washington driver license when you were arrested, a temporary driver license will be enclosed with your notification.

| | | | | |
|---|-------|----------------|--------------------------------------|--|
| NAME (Last, First, Middle initial) | | | DATE OF BIRTH | |
| MAILING ADDRESS | | | | |
| CITY | STATE | ZIP CODE | (AREA CODE) DAYTIME TELEPHONE NUMBER | |
| DRIVER LICENSE NUMBER | STATE | DATE OF ARREST | DATE CHARGED | |
| QUALIFICATION Did you submit to a breath/blood test? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you intend to seek deferred prosecution as a result of this alcohol/drug related arrest? ... <input type="checkbox"/> Yes <input type="checkbox"/> No Will this be the first time you enter an alcohol/drug related deferred prosecution program? ... <input type="checkbox"/> Yes <input type="checkbox"/> No In the past three months, have you been assessed as alcohol/chemical dependent or as having a mental problem that requires treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| HEARING INFORMATION If you have requested a hearing with us about this arrest, do you still want it? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| CERTIFICATION <i>I hereby certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</i> | | | | |
| X _____ SIGNATURE | | | _____ DATE AND PLACE SIGNED | |

Re: SSB 5644
 RCW 46.20.308(7)(10)
 RCW 10.05

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3900 or TTY (360) 664-0116