

Deferred Prosecution Report

Courts can use this form to report that a deferred prosecution has been granted. When completed, mail to:

Driver Suspensions
Department of Licensing
 PO Box 9030
 Olympia, WA 98507

Name		Date of birth	
Mailing address			
City		State	ZIP code
Driver license number		State	Sex <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> CDL			
NCIC number of arresting agency		NCIC number of court	

Original charges	BAC	Offense date	Ticket number
1)	_____ <input type="checkbox"/> Refusal		
2)	_____ <input type="checkbox"/> Refusal		
3)	_____ <input type="checkbox"/> Refusal		
4)	_____ <input type="checkbox"/> Refusal		
5)	_____ <input type="checkbox"/> Refusal		

Acceptance for deferred prosecution effective date _____.

Vehicle: Commercial vehicle HazMat 16 passenger

This **deferred prosecution is based on drugs.**

Discretionary ignition interlock period is _____ years in addition to DOL required.

Passenger under age 16.

Ignition interlock license ordered.

*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.*