

March 15, 2011

TO: District and Municipal Court Managers

FROM: Carla Weaver; Court Liaison *Carla Weaver*

SUBJECT: REVISED FORMS

DOL has updated five of the forms commonly used by courts; samples enclosed. The forms have been revised based on court staff review and input. These revisions were done for uniformity and easy data input if a BOXI report needed to be done. Please note we will still except any form with a May 2009 date or after.

The latest forms will be available on March 17, 2011 and can be found on the DOL court website located at <http://www.dol.wa.gov/driverslicense/externalcourtsforms.html>. If you have any questions regarding the forms, please feel free to contact me at (360) 902-3669 or via email at [cweaver@dol.wa.gov](mailto:cweaver@dol.wa.gov).

## Abstract of Court Record

Courts can use this form to report a diversion agreement or a conviction. Also submit a Court Judgment Information form when reporting a conviction for DUI or Physical Control. Mail completed forms to:

Driver Records  
**Department of Licensing**  
 PO Box 9030  
 Olympia, WA 98507

Name (Last, First, Middle)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	
Mailing address		Driver license number	State	Type <input type="checkbox"/> CDL
City		State	ZIP code	

Citation/ Case/ Complaint number	Offense date	Finding/ Conviction/ Diversion date
Law enforcement agency (LEA)		LEA NCIC number
Court name		Court NCIC number

Charges		
Charge 1	<input type="checkbox"/> Amended	
Findings/Judgment <input type="checkbox"/> G <input type="checkbox"/> BF <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> DF <input type="checkbox"/> Div <input type="checkbox"/> Def dispo	RCW	
Charge 2	<input type="checkbox"/> Amended	
Findings/Judgment <input type="checkbox"/> G <input type="checkbox"/> BF <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> DF <input type="checkbox"/> Div <input type="checkbox"/> Def dispo	RCW	
Charge 3	<input type="checkbox"/> Amended	
Findings/Judgment <input type="checkbox"/> G <input type="checkbox"/> BF <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> DF <input type="checkbox"/> Div <input type="checkbox"/> Def dispo	RCW	
Charge 4	<input type="checkbox"/> Amended	
Findings/Judgment <input type="checkbox"/> G <input type="checkbox"/> BF <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> DF <input type="checkbox"/> Div <input type="checkbox"/> Def dispo	RCW	
Charge 5	<input type="checkbox"/> Amended	
Findings/Judgment <input type="checkbox"/> G <input type="checkbox"/> BF <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> DF <input type="checkbox"/> Div <input type="checkbox"/> Def dispo	RCW	

Required for vehicular assault/homicide (Check all that apply) <input type="checkbox"/> Total confinement _____ months <input type="checkbox"/> Work release/Home monitoring
Recommendation <input type="checkbox"/> Recommend non-extension (RCW 46.20.342)
Vehicle information (Check all that apply) <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> HazMat <input type="checkbox"/> 16 passenger

We are committed to providing equal access to its services.  
 If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

## Court Judgment Information

Courts can use this form to report a conviction for DUI or Physical Control.  
 Also include an Abstract of Court Record form or a citation.  
 Mail completed forms to:

Driver Records  
**Department of Licensing**  
 PO Box 9030  
 Olympia, WA 98507

Name (Last, First, Middle)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Date of birth	
Mailing address			Driver license number		State <input type="checkbox"/> CDL
City			State		ZIP code

Citation/ Case/ Complaint number		Offense date	Finding/ Conviction/ Diversion date
Law enforcement agency (LEA)			LEA NCIC number
Court name			Court NCIC number

**Conviction conditions**—Complete for DUI or physical control convictions

Check all that apply

DUI  Physical control

BAC \_\_\_\_\_  No test  Refusal  Drug related

Vehicle:  Commercial vehicle  HazMat  16 passenger

**Ignition interlock conditions**—Complete when imposing discretionary ignition interlock requirements

Discretionary period is \_\_\_\_\_ year(s) in addition to DOL required.

Passenger under age 16

**Probation violations**—Complete when a defendant violates conditions of mandatory probation

On \_\_\_\_\_, this defendant has either:

Date

- driven in this state without a valid license and proof of financial responsibility, or
- driven in this state while having a BAC of .08 or more within two hours after driving, or
- refused a breath or blood test. (RCW 46.61.5055)

**Ignition interlock license**

Check one

IIL ordered

Alcohol monitoring ordered

## Deferred Prosecution Report

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

Driver Records  
**Department of Licensing**  
 PO Box 9030  
 Olympia, WA 98507

Name (Last, First, Middle)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Date of birth	
Mailing address			Driver license number		State <input type="checkbox"/> CDL
City			State		ZIP code
Law enforcement agency NCIC number			Court NCIC number		
Deferred prosecution acceptance date					

Original charges	Offense date	Ticket number
Charge 1		
Charge 2		
Charge 3		
Charge 4		
Charge 5		

**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.

## Driver Record Correction

Courts can use this form to request a correction to a Washington driver record. RCW 46.20.270(4)  
 When completed, mail to:

Driver Records  
**Department of Licensing**  
 PO Box 9030  
 Olympia, WA 98507

or email: [drvcorrect@dol.wa.gov](mailto:drvcorrect@dol.wa.gov)

Name (Last, First, Middle)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Date of birth	
Mailing address			Driver license number		State
					Type <input type="checkbox"/> CDL
City			State		ZIP code

Court name	Court NCIC number
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Charges	Offense date	Citation/ Case/ Complaint number
Charge 1		
Charge 2		
Charge 3		
Charge 4		
Charge 5		

Reason for the record correction

Dismissed (Date and reason) \_\_\_\_\_

Appeal (Appellate number and file date) \_\_\_\_\_

Contested/ Mitigation hearing (Reason) \_\_\_\_\_

Corrections to the violation \_\_\_\_\_

FTA/FTR Adjudicated (Date and reason) \_\_\_\_\_

Deferred finding. Administrative fees are \$ \_\_\_\_\_

Other \_\_\_\_\_

## Early Reinstatement Request

Courts can use this form to request an early reinstatement of the driving privilege of a juvenile or minor after an alcohol or drug revocation. RCW 46.20.265

When completed, mail to:

Driver Records  
**Department of Licensing**  
 PO Box 9030  
 Olympia, WA 98507

Name (Last, First, Middle)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Date of birth	
Mailing address			Driver license number		State
City			State		Type <input type="checkbox"/> CDL
			ZIP code		

Citation/Case/Complaint number		Offense date	Finding/Conviction/Diversion date
Law enforcement agency (LEA)		LEA NCIC number	
Court name		Court NCIC number	

Charges	Offense date	Citation/Case/Complaint number
Charge 1		
Charge 2		
Charge 3		
Charge 4		
Charge 5		