



Snohomish County District Court Probation

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Cascade Division
415 E Burke
Arlington, WA 98223
(360) 435-7720 | <input type="checkbox"/> Everett Division
3000 Rockefeller M/S 508
Everett, WA 98201
(425) 388-3497 | <input type="checkbox"/> Evergreen Division
14414-179 th Ave SE
Monroe, WA 98272
(360) 805-6780 | <input type="checkbox"/> South Division
20520-68 th Ave W
Lynnwood, WA 98036
(425) 744-6816 |
|---|--|---|---|

DRIVING STATUS FORM – DEFERRED PROSECUTION

Defendant:	Hearing Date:
Case Number:	Judge:

I WILL BE DRIVING. I was approved for and possess an Ignition Interlock License, and have an Ignition Interlock installed in the vehicles listed below.

Make _____ Model _____ License Plate _____ VIN# _____

Make _____ Model _____ License Plate _____ VIN# _____

I have attached proof of my Ignition Interlock Driver's License and proof of Ignition Interlock Installation. I have signed a release to Snohomish County District Court Probation authorizing the Ignition Interlock Company to send probation reports every time my ignition interlock is calibrated, and if/when it is removed from my vehicle. I understand that it is my responsibility to ensure that the Ignition Interlock provider submits these reports to probation.

I understand that I may not operate any other motor vehicle unless I have completed a Driving Status Form identifying that vehicle, complied with the conditions set forth above and have provided the Driving Status Form to Probation.

I WILL NOT BE DRIVING. I understand that I may not operate any motor vehicle unless I have completed a Driving Status Form identifying that vehicle, complied with the conditions set forth above and have provided the Driving Status Form to Probation.

I understand that operating a motor vehicle without an ignition interlock, and without notifying the probation department, will constitute a violation of my supervision and may result in adverse court action. I understand these requirements and agree to comply with these conditions until the end of my probation jurisdiction.

Defendant Signature

Witness Signature (defense attorney)

Reviewed on _____ by: _____

Probation Officer
Division