IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF WAHKIAKUM

STATE OF WASHINGTON vs _____ Defendant	No: _____ Confirmation of Mailing Address (NTACA)

Confirmation of Mailing Address

1. My name is: _____.

2. I am the Defendant in the above referenced case and believe I am entitled to any refund of legal financial obligations that the Court may order in this matter, in the manner the State of Washington may determine. I understand that payment is dependent on appropriation of funds and my own assurance to the court clerk that mail sent to the address below will reach me. If my address changes I will notify the court clerk in advance.

_____

street address or PO box *city* *state* *zip*

Email Address: _____

3. I understand that if mail is returned as undeliverable, the clerk will suspend payment and return my refund to the refund pool (or as the otherwise established by the State for refund purposes), and payment will only reissue upon my contacting the clerk with a correct address.

▶

_____ _____

Sign here *Date*

Wahkiakum County Clerk
P.O. Box 157
64 Main Street
Cathlamet, WA 98612
(360) 795-3558