

**Seattle Public School Bus Arm Safety Program**  
**AFFIDAVIT OF NON-LIABILITY**  
**School Bus Safety Program**

**Notice of Violation Number:** \_\_\_\_\_

**Vehicle License Plate Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

In the space above, you must accurately write the 9-digit Notice Number that appears in the box in the upper right of the front of the Notice of Violation. Also please provide the license plate number and state for the vehicle involved in the violation. Please write clearly and make sure you record the information accurately. If the Notice of Violation Number is unclear or incorrect, the Court will not be able to match your declaration to your violation, and the Notice of Violation will proceed to a collection agency if not paid.

\_\_\_\_\_  
**I declare under penalty of perjury under the laws of the State of Washington that the information provided in this declaration is true and correct to the best of my knowledge.**

**I received the Notice of Violation, number listed above. I hereby affirm that at the time of the occurrence indicated in the Notice of Violation, I was not the operator of the vehicle:**

\_\_\_\_\_  
**Your signature** **Date**

\_\_\_\_\_  
Print your name Your telephone number Your email address

\_\_\_\_\_  
Your street address City State **ZIP Code Required**

**This affidavit MUST be mailed to:**  
**King County District Court**  
**Shoreline Courthouse**  
**18050 Meridian Ave N**  
**Shoreline, WA 98133**