

**DES MOINES MUNICIPAL COURT  
NORMANDY PARK MUNICIPAL COURT**

**REQUEST TO QUASH BENCH WARRANT**

Today's date: \_\_\_\_\_ Citation Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell/Work/Home number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please provide a copy of your driver's license or ID**

☐ I have attached a copy of my license or ID ☐ I do not have a driver's license or ID

I failed to appear for my court date because:

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I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Defendant's Signature

Once completed please return this form to Court

Email: [court@desmoineswa.gov](mailto:court@desmoineswa.gov)

Fax: 206-870-4387

Mailing Address: 21630 11<sup>th</sup> Ave S, Ste C, Des Moines, WA 98198