

RETURN THIS FORM WITH YOUR TICKET AND PAYMENT TO:

TRIANGLE TRAFFIC LAW GROUP

434 FAYETTEVILLE STREET, SUITE 2040
RALEIGH, NORTH CAROLINA 27601

Fax: (919) 398-6191

AGREEMENT OF REPRESENTATION

Enclosed is payment to Triangle Traffic Law Offices of a flat fee for legal representation. I understand the firm will pay my court costs (but not fines) from this amount and retain the balance as compensation for representation. I understand that no portion will be returned to me. Fines are my responsibility.

Name: _____ Phone: _____
Email: _____ I want updates on my case via email. Yes No
Court Date: _____ Address: _____
License No.: _____
D.O.B.: _____ County of Ticket: _____

_____ I have enclosed a copy of my traffic ticket so that you can examine it for material defects that could possibly lead to a dismissal of the charges;

My preferred payment method is:

_____ I have enclosed a personal check/ money order for \$ _____;

_____ I paid online at TrafficLawGroup.com; or

_____ I authorize Triangle Traffic Law Offices to charge my MasterCard/Visa in the amount of \$ _____/00.

Name as it appears on card: _____

My card number is _____

Name on the card is _____ Expiration date _____

Three digit number on back of card: _____

Has any person on your insurance policy received a Prayer for Judgment (PJC) in the past three years?

Yes No

Have you had any convictions for speeding or any other moving violation in the last three years?

Yes No

If yes, how many? _____

WAIVER OF APPEARANCE

I do hereby waive my Constitutional right to appear and contest the charges against me and appoint Triangle Traffic Law Offices to act on my behalf and to enter such plea(s) as they may deem fit to best represent me in this matter. I request that the Court accept my waiver of trial and plea responsible, and that a finding of responsible be entered. This request is made with full understanding that a finding of responsible will be entered against my record and that it will have the same legal effect for all purposes as a verdict of responsible after hearing, and that it may result in the assessment of points on my driving record. I understand that my attorney will use best efforts and expertise to reduce or eliminate the imposition of DMV or insurance points upon conviction of this ticket but that a particular result in this matter cannot be guaranteed. Sign _____ Date _____