

**THE LAW OFFICE OF D. COLE PHELPS, PLLC**  
**106 EAST WATER STREET PLYMOUTH, N.C. 27962    PHONE 252-791-1111    FAX 252-791-1112**  
**EMAIL: [ATTORNEYPHELPS@DCOLEPHELPS.COM](mailto:ATTORNEYPHELPS@DCOLEPHELPS.COM)**

**I. AGREEMENT OF REPRESENTATION FOR TRAFFIC CITATIONS ONLY**

By completing this agreement and returning it with my payment and ticket, I employ The Law Office of D. Cole Phelps to represent me in the below-listed charge(s). I have completed the information requested below, and I am returning this Agreement along with my payment via the U.S. Postal Service, fax, or email. If returning by fax or email, I have provided my credit card information with my signature. Further, I understand that The Law Office of D. Cole Phelps cannot represent me if my agreement and payment are never received and processed. **If I have not heard from The Law Office of D. Cole Phelps within 2 days of returning this agreement, I will contact The Law Office of D. Cole Phelps at the number or address above.**

**II. CONTACT INFORMATION**

First Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
**Mailing** Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
State: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Driver's License State: \_\_\_\_\_  
Court Date: \_\_\_\_\_ County Of Ticket: \_\_\_\_\_

**III. DRIVING HISTORY (Answer Yes or No)**

Have you or anyone on your insurance policy received a Prayer for Judgment (PJC) *within the last five years*? \_\_\_\_\_

**IV. WAIVER OF APPEARANCE**

I do hereby waive my Constitutional right to appear in person and contest the **charge(s) of** (list the charges and/or speed here) \_\_\_\_\_ against me and retain The Law Office of D. Cole Phelps to act on my behalf and to enter such plea(s) as they may deem fit to best represent me on the charge(s). The Law Office of D. Cole Phelps has authority, as indicated by my signature below, to enter any plea of responsible or guilty and to appear on my behalf. I request that the Court accept my waiver of trial and plea of responsible or guilty, and that a finding of responsible or guilty be entered. This request is made with the full understanding that a finding of responsible or guilty will be entered against the record and that it will have the same legal effect for purposes as a verdict of responsible or guilty after a hearing. I agree to be bound by the decision of the court as in any other case of adjudication of guilty and entry of judgment, subject to the right of appeal as in any other case.

**V. PAYMENT INFORMATION**

My payment to The Law Office D. Cole Phelps is for the total cost of **\$187.50, \$250.00, \$375.00, \$475.00, \$500.00, \$550.00, or** \_\_\_\_\_ (circle one) which **generally** includes the court cost, court fine, and attorney fees. My payment method is:

Cash     Cashier's Check     Money Order     Visa     MasterCard

Card Number: \_\_\_\_\_ 3 digit Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder's Full Name: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_