

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

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 Firm cannot represent me if my agreement and payment are never received and processed. **If I have not heard from the Firm 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. COURT DATE NOTIFICATIONS (Answer Yes or No)

Do you consent to allow the Firm to subscribe you to court date notifications via text messages/email? _____

IV. 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*? _____

V. 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 Firm 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.

VI. 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: _____