

RETURN THIS FORM WITH YOUR TICKET AND PAYMENT TO:

REMINGTON & DIXON, PLLC
407 East Boulevard, Suite 200, Charlotte, NC 28203
by FAX at (866) 255-2551
or by EMAIL at info@remingtondixon.com

AGREEMENT OF REPRESENTATION

Enclosed is a payment to Remington & Dixon, PLLC for legal representation of my traffic violation. Select one of the following options:

_____ I agree to pay Remington & Dixon, PLLC attorney's fees of \$100. I understand that I am responsible for paying the court costs and fines directly to the Clerk of Court on the same day the ticket is disposed of.

_____ I agree to pay Remington & Dixon, PLLC a flat fee of \$375. I understand the firm will pay any court costs and fines from this amount and retain the balance as compensation for representation. I understand that no portion will be returned to me.

I understand that it is my responsibility to send a copy of my driving record to the Firm if I am not licensed in NC.

Signed: _____ Date: _____

Print Name: _____ DOB: _____

Current Address: _____

City: _____ State: _____ Zip: _____

County Where Ticketed: _____ Court Date: _____

Driver's License #: _____ State Driver's License Issued In: _____

Commercial Driver's License? Yes No Contact Phone Number: _____

At-fault accident in last 3 years? Yes No Email Address: _____
(used for case updates only)

Previous client of the Firm? Yes No

WAIVER OF APPEARANCE

I, the undersigned, pursuant to G.S. 15A-1011, hereby waive appearance in this case and hereby authorize the law firm of Remington & Dixon, PLLC to represent me regarding this traffic ticket and to enter such plea(s) as they may deem fit to best represent me in this matter.

This request is made with the full understanding that in the event of a plea of guilty or of acceptance of responsibility, this will result in the entry of a conviction against my record and, further, that the North Carolina Division of Motor Vehicles will be notified of this conviction, which may result in the assessment of points against my driving record, the assessment of insurance points and possibly the suspension or revocation of my driver's license.

I further understand that my attorney will use best efforts and expertise to reduce or eliminate imposition of DMV or insurance points upon conviction of this ticket but that a particular result in this matter cannot be guaranteed.

Signed: _____ Date: _____

Print Name: _____