

**AGREEMENT OF REPRESENTATION**

By completing this agreement and returning it with my payment and ticket, I employ the **Ballard Law Firm** to represent me. I have completed the information requested below and I am returning this Agreement along with my payment via the US Mail, fax, or email. If returning by fax or email, I have provided my credit card information.

I understand and agree that **if my check or credit card is declined, my case may be continued, and I will be responsible for an additional \$35 fee.** I also understand that such continuation may prevent my attorney from achieving the best possible outcome for my case.

I understand that the Ballard Law Firm cannot represent me if my agreement and payment are never received. **IF I HAVE NOT HEARD FROM THE BALLARD LAW FIRM WITHIN 5 DAYS OF RETURNING THIS AGREEMENT, I WILL CONTACT THE BALLARD LAW FIRM AT THE NUMBER PROVIDED ABOVE.**

I understand that, if I am under age 21, I must contact the BALLARD LAW FIRM for additional information that may affect my case.

Finally, I FULLY understand that my attorney will use her best efforts and expertise to reduce or eliminate the imposition of DMV or insurance points, but that he cannot guarantee a particular result in this matter. **NO PROMISES/GUARANTEES HAVE BEEN MADE TO ME.**

**CONTACT INFORMATION**

Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_

**CITATION INFORMATION**

NAME AS PRINTED ON CITATION: \_\_\_\_\_

OFFENSE CHARGED: \_\_\_\_\_

FEE QUOTED: \_\_\_\_\_ COURT DATE: \_\_\_\_\_

**DRIVING HISTORY**

Please accurately complete the following information. **BALLARD LAW FIRM is not responsible for verifying your answers.** Inaccurate responses may prevent the best possible outcome. If you are unsure about your driving history, it would be best to have us obtain your driving record. **If you would like us to obtain your record at a \$15 additional charge please check here**

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Is this a CDL? Yes  No  (CDL = Commercial Driver's License)

Did you receive this ticket as the result of an accident? Yes  No  If "Yes", please contact your insurance agent and request that they fax me a "Court Letter" stating either that they have paid the damages to the other party or that they have "accepted liability."

Have you been convicted for speeding or any other moving violations in the past three years? Yes  No  I Don't Know  If "Yes" briefly explain the result:

---

---

Have you or any person on your insurance policy used a Prayer for Judgment (PJC) in the last three years?  
Yes  No

**PAYMENT INFORMATION**

Enclosed payment to BALLARD LAW FIRM is a flat fee for representation. I understand the firm will pay my court costs and fines (*except work zone, school zone, seatbelt, excessive speed, NOL, DWLR, VL Cases, Hit & Run, alcohol-related offenses, No Insurance or NCDMV records*) from this amount and retain the balance as compensation for representation. I further understand that no portion will be returned to me. Card payments will incur a \$5 surcharge. My payment method is:

Check  Money Order  Visa  MasterCard  Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3 Digit CCV: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address for card (if different from above): \_\_\_\_\_

---

**WAIVER OF APPEARANCE**

I do hereby waive my Constitutional right to appear and contest the charge(s) against me and appoint the BALLARD LAW FIRM to act on my behalf and to enter such plea(s) as they may deem fit to represent me in this matter.

I request that the Court accept my waiver of trial and plea of responsible, and that a finding of responsible be entered. This request is made with the full understanding that a finding of responsible will be entered against the record and that it will have same legal effect for purposes as a verdict of responsible after hearing, and that it may result in the assessment of points on my driving record.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_