

**PLEASE SAVE AND EMAIL THIS FORM WITH A COPY OF YOUR CITATION TO
ROBERT@INGALLSLAWFIRM.COM
MOST CLIENTS DO NOT HAVE TO APPEAR IN COURT IF YOU RETAIN INGALLS LAW
Ingalls Law, PLLC
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www.ingallslawfirm.com**

LEGAL SERVICES AGREEMENT

Payment must accompany this agreement to retain the firm for representation for your traffic violation. I understand that I am not represented by Ingalls Law, PLLC until the legal services fee is paid. By selecting one of the following options you can choose to have the attorney handle court costs associated with your matter. Enter the appropriate dollar amount you were quoted by the firm.

Attorneys Fees Only

I agree to pay Ingalls Law, PLLC attorney's fees in the amount of \$ _____. I understand that I am responsible for paying court costs and fines associated with this matter. I understand that this fee is earned upon receipt, and that no portion will be refunded. If a client has received advance notification but fails to produce proof of completion of a task required by the court, the client will be charged for additional court appearances that must be made by Ingalls Law, PLLC.

Attorneys Fees, Court Costs, & Fines

I agree to pay Ingalls Law, PLLC attorney's fees in the amount of \$ _____. I understand that Ingalls Law, PLLC will be responsible for any court costs and fines associated with this matter. I understand that this fee is earned upon receipt, and that no portion will be refunded. If a client has received advance notification but fails to produce proof of completion of a task required by the court, the client will be charged for additional court appearances that must be made by Ingalls Law, PLLC.

Note: Please make your payment at www.ingallslawfirm.com/hire-the-firm. We do not charge extra for paying by debit/credit cards. We also accept cash, checks, money order. Make money orders and checks out to Ingalls Law.

Card Number: _____ Cardholder's Name: _____

Expiration Date: _____ CVV: _____

Billing address for the card: _____

CONTACT INFORMATION

Please provide your current contact information. If you will be moving or vacationing, you must contact us to provide us with a new mailing address.

Name: _____ Phone: _____

Address: _____ Email: _____

DRIVING RECORD

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

Did you receive this ticket as the result of an accident? Yes No Date of Birth: _____

Have you previously been charged with a moving violation or had an accident in the U.S. in the last 3 years? Yes No

Are other members of your family on your insurance policy? Yes No

If "Yes" have any of them used a Prayer for Judgment Continued (PJC) in the last 3 years? Yes No

WAIVER OF APPEARANCE AUTHORIZATION

Pursuant to North Carolina General Statute § 15A-1011(a)(3), I hereby waive my right to appear in person in this action. I hereby retain the services of Ingalls Law, PLLC to represent me in this matter. Ingalls Law, PLLC is authorized to act on my behalf and to make decisions regarding my case without my appearance in court. I understand that the outcome of this matter may result in a conviction on my driving record, the possibility of points being assessed to my driving record and insurance, as well as the possibility that my driver's license may be revoked. Finally, I understand that the attorneys will use their best efforts, knowledge, and expertise to reduce or eliminate fines, DMV penalties, and insurance points, but cannot ethically guarantee a particular result in this matter. Furthermore, no promises or guarantees have been made to me.

Signed: _____ Date: _____