

Return this form with your ticket and payment to:

Law Office of Kevin M. Kennedy
P.O. Box 2274
Chapel Hill, NC 27515

Fax:
919-960-0295

e-mail:
kennedylaw @ bellsouth.net

Agreement of Representation

Enclosed is payment to the Law Office of Kevin M. Kennedy of a flat fee for legal representation. I understand that he will pay my court costs and fines with this amount and retain the remainder as compensation for his services. I understand that no portion will be returned to me. *(please check below):*

_____ I have enclosed a copy of my traffic ticket.
_____ I have enclosed a personal check or money order for \$_____.00.
_____ I would like to charge my Mastercard or VISA for the amount of \$_____.00.

Account number _____

Cardholder's Name _____

Expiration date _____

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

Has any person on your auto insurance policy received a Prayer For Judgment Continued in the past three years? _____ YES _____ NO (If you fail to check an answer I will assume a "NO" response.)

Signed _____

Print name here _____

Daytime phone number _____

Waiver of Appearance

I do hereby waive my Constitutional right to appear and contest the charges against me and appoint Kevin M. Kennedy or any attorney standing in his place to act on my behalf and to enter such plea(s) as they may deem fit to best 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 my record and that it will have the same legal effect for all purposes as a verdict of responsible after hearing, and that it may result in the assessment of points on my driving record.

Signed _____ Date _____

Print name here _____