



# **LAW OFFICES OF JOHN W. ALEXANDER, PLLC**

208 S. Green St., Morganton, NC 28655  
Phone: 828-475-JLAW (5529) Fax: 828-438-9098  
JohnAlexanderLaw@yahoo.com

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## **THIS IS AN ADVERTISEMENT FOR LEGAL SERVICES**

**Call us for a free consultation at:  
(828) 475-JLAW (5529)**

**Most all speeding, insurance, registration, stop light/sign, and license related offenses are handled for an all-inclusive attorney fee, record search, fines and court costs of \$388.**

Please call 828-475-JLAW (5529) for a free consultation. Or simply complete and return the AGREEMENT OF REPRESENTATION (including the "WAIVER OF APPEARANCE" section), AND INCLUDE PAYMENT. **You will NOT have to appear in court.** Mr. Alexander will go to court for you.

**FOR BURKE, AVERY, CATAWBA, CALDWELL COUNTIES IN NORTH CAROLINA**

**MINOR TRAFFIC OFFENSES.**

**FOR DWI, PLEASE CALL OUR OFFICE FOR CONSULTATION.**

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## **AGREEMENT OF REPRESENTATION**

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Phone: 828-475-JLAW (5529) • **FAX: 828-438-9098**

By completing this agreement and returning it with my payment, I hereby employ Law Offices of John W. Alexander, PLLC to represent me on the above referenced charge(s). I have completed the information requested below and I am returning this signed form along with my payment via mail, email, or fax. If returning by email or fax, I have provided my credit card information. I understand that the Law Offices of John W. Alexander, PLLC can only represent me after receiving payment in full of the fee. I also agree that if my check or credit card is declined, I will be responsible for an additional \$30 fee to cover bank charges.

I understand that if I have not heard from the Law Offices of John W. Alexander, PLLC within 4 business days of returning this form and payment, I must contact him by email or phone. Finally, I understand that John W. Alexander, Attorney, will use his best efforts, knowledge, and expertise to reduce or eliminate fines, DMV penalties, and insurance points, but that he cannot ethically guarantee a particular result in this matter. Furthermore, no promises or guarantees have been made to me.

### **CONTACT INFORMATION**

Please provide your current contact information. If the information listed below is incorrect, please make any necessary changes. You are responsible for providing a current, working phone number with voicemail. If you will be moving or vacationing, you must contact us to provide us with a new mailing address.

Name on License: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### **DRIVING RECORD**

Driver's License No: «DL\_Number» State: «DL\_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  Date of Birth: «DOB»

In the last 3 years, have you been charged with a moving violation or had an accident in the U.S.? 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

### **PAYMENT INFORMATION**

I am charged with SPEEDING \_\_\_\_\_ MPH IN A \_\_\_\_\_ MPH ZONE, which is less than 20 mph over the limit. The all-inclusive fee is \$388. . . . . **OR** . . . .  I am charged with speeding 20 mph or more over the limit, or with a non-speeding offense. I have called for a quote and the all-inclusive fee is \$\_\_\_\_\_. I understand that this all-inclusive fee is payment for representation and also any court costs or fines. I understand that I will not be required to pay anything further for representation, court costs, or fines, and that no money will be refunded to me. Note: We do not charge anything extra for driving records or paying by debit/credit cards. We accept cash, checks, money order, and Visa, MasterCard, and Discover debit and credit cards. Make money orders and checks out to the Law Offices of John W. Alexander, PLLC.

Card Number: \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing address for the card: \_\_\_\_\_

### **WAIVER OF APPEARANCE**

I hereby waive my Constitutional right to appear and contest the charge(s) against me and do appoint John W. Alexander, Attorney to act on my behalf and to enter such plea(s) as he may deem fit to best represent me on these charge(s). If necessary, 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 possible finding of responsible would be entered against the record and that it would have the same legal effect as a verdict of responsible after hearing, and that it may result in the assessment of points on my driving record.

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

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