

Send all correspondence to: Jennings Law Firm, PA
P.O. Box 12511
New Bern, N.C. 28561

PLEASE ENCLOSE YOUR TICKET

For Office Use Only

Date Recd:

Amt. Recd:

Ct. Date:

CLIENT INFORMATION SHEET
AND
WAIVER OF APPEARANCE

1. Name: _____

2. Mailing Address (Street & City) _____

3. Employer (Name & Address) _____

4. Home Phone: _____ Work Phone: _____

5. Age: _____ Date of Birth: _____

6. Social Security # (Last 4 Digits) XXX-XX- _____

7. Driver's License # & State of Issue _____

8. Prior Driving Convictions (if any) _____

9. Outcome desired: _____

Person you spoke with (please circle): George Jennings Vera Garrison Lee Jennings

Fee Agreement \$ _____

STATE OF NORTH CAROLINA
COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

FILE NO.: _____

STATE OF NORTH CAROLINA,)
)
V.)
)
_____,)

WAIVER OF APPEARANCE

1. The defendant agrees to waive the right to appear and testify in person and waives the right to face his/her accusers in person, and agrees to be bound by the decision of the Court as in any other case of adjudication of guilty and entry of judgment, subject to the right of appeal as in any other case.

2. The defendant requests this Waiver because of the difficulty in attending court on the day this case is calendared. The defendant designates JENNINGS LAW FIRM, PA as his/her legal counsel to appear on defendant's behalf and enter a plea of guilty and/or admit responsibility as charged or to a reduced charge there of.

This the _____ day of _____, 20 ____.

Defendant