

Traffic Ticket Form

Client _____ DOB _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Social Security No. _____ Driver's License No. _____

How Did You Hear About Us? _____

Citation Number: _____ Hearing Date: _____

Date & Time of Ticket _____

Location of Ticket (Cross Streets) _____

Any Outstanding Tickets or Warrants _____

OTHER FACTS

(Include all additional facts, witnesses, etc)

Rocheleau Law Group agrees to represent the person named in the above citation to include a single appearance or negotiation with the court in these matters. Any additional representation will be by separate agreement.

Rocheleau Law Group will in good faith attempt to negotiate the traffic citation and is not responsible for fines or costs levied by any courts, counties or municipalities. Client will be responsible for court costs and any other costs, fines, assessments, and/or possibly traffic school may be required by the court in these matters.

This agreement contains all of the terms of our legal financial arrangements with Client and can only be modified by written document signed by both parties. Rocheleau Law Group and Client have the right and sole discretion to withdraw from the matter at anytime.

Understood and Accepted

By: _____ Date: _____