

TICKET CONTRACT FOR SERVICES

PLEASE CLEARLY PRINT ALL OF YOUR INFORMATION

Last Name _____ First Name _____ Middle Name _____

Date of Birth ____/____/____ Driver's License # _____

PLEASE PROVIDE THE ADDRESS WHERE YOU WANT TO RECEIVE YOUR MAIL

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Main Telephone Number (____) _____ (Cell/Home/Business) Alternate Number (____) _____ (Cell/Home/Business)

Email _____

TICKET INFORMATION

If you have proof of compliance for any offense please be sure to send/bring a copy

City/County in which you received the ticket: _____

Ticket/Citation Number (include any alphabetical letters) _____

Offense # 1 _____ Offense # 2 _____

Offense # 3 _____ Offense # 4 _____

Ticket Date ____/____/____ Ticket Due Date ____/____/____

If your ticket is past due we can still help you, however it is probably in warrant

LEGAL FEES

If your ticket is past due then our fees may double due to a bond being posted on your behalf

Contact our office for fee information regarding your offense

PAYMENT METHOD

Check/Money Order _____ Cash _____ (do not mail cash) MasterCard/Visa _____

Credit Card Number _____ Expiration Date ____/____

If paying with Credit Card I authorize Knapp Law Office to Debit my Credit Card account in the amount of \$ _____.

Singnature _____ Date ____/____/____.

I understand and agree to the following:

Kyle Knapp will appear in court on my behalf and attempt to save me money and/or lesson my conditions of probation/deferred adjudication; there are no promises or guarantees to the outcome of the case in the event the Court should deny any request of add additional requirements. Fines and court costs are not included in the fee for legal representation. Failure to follow my attorneys instructions may result in a warrant; and it is my responsibility to keep my attorney fully informed in writing of any change of address or phone number.

Signature _____ Date ____/____/____