

STATE OF NORTH CAROLINA
COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
_____ CR/IF _____
_____ CR/IF _____

STATE OF NORTH CAROLINA)
)
 vs.)
)
 _____)
 Defendant

WAIVER OF APPEARANCE AND
AUTHORIZATION FOR ENTRY OF
PLEA OR TRIAL AND CONTRACT
FOR LEGAL SERVICES

WAIVER OF APPEARANCE AND AUTHORIZATION FOR ENTRY OF PLEA OR TRIAL

NOW COMES, the undersigned Defendant, pursuant to North Carolina General Statute, who hereby request the Court waive his/her appearance in the above captioned Matter. The undersigned hereby authorizes The Wright Law Firm of Charlotte, PLLC, attorney Roderick M. Wright, Jr., and any attorney associated with The Wright Law Firm of Charlotte, PLLC, and any attorney designated by Attorney Roderick M. Wright, Jr., to represent me and make decisions regarding my case without my presence in court. This authorization includes having a trial in my absence and/or entering a plea to the original charge, a lesser charge or an amended charge. This authorization includes but is not limited to entering a plea of guilty, not guilty, responsible or no contest. I request that this Court accept my waiver of my rights to a trial and that a final judgment be entered. This request is made with a full understanding that a conviction may be entered against my record; and that the State of North Carolina Division of Motor Vehicles will be notified of any conviction and that it will have the same legal effect as a final conviction after trial for all purposes.

CONTRACT FOR LEGAL SERVICES

This document also serves as my contract for legal services with The Wright Law Firm of Charlotte, PLLC. I understand that my attorney is not allowed by law to guarantee a specific result. I have not requested any promises for a specific result and no such promises have been made to me either in writing or orally. I understand that any prediction that my attorney has made regarding the likely disposition of my case is prediction rather than a promise, and that said prediction is based upon my attorney's experience and the information available at the time. I understand that my attorney will negotiate and fight on my behalf with the District Attorney, and or Charging Officer, and or Judge. I understand that my attorney will attempt to obtain the result that will best protect my driver's license points and insurance points.

This, the _____ day of _____, 20____ _____
Defendant's Name (Printed)

Drivers License Number: _____ State _____
Defendant's Name (Signature)

Defendant's Address City, State Zip

Defendant's Phone Number E-mail address