

JUSTIN T. HOLT, MANAGING ATTORNEY
MALLORY, LOLLAR, HOLT & ASSOCIATES, P.C

CLIENT/ATTORNEY AGREEMENT

1. I understand the attorney cannot “fix” a ticket – the attorney cannot guarantee they will “win” my case – but the firm will work diligently to prevent the citation from harming my permanent record.
2. I understand I may be required to make one or more court appearances, and I agree to do so if directed by my attorney. Failure to appear when directed by my attorney may result in the withdrawal of my attorney from my case(s), the issuance of a warrant for my immediate arrest, and additional fees to rehire the attorney.
3. I understand it is my responsibility to inform the office of any change of address, phone number or email address until this case has reached a final disposition. **Failure to do so may result in a missed court appearance(s) and/or the issuance of a warrant for my immediate arrest.**
4. I understand if I am (or was) under 25 years of age at the time the citation was issued, I may be required to complete a Driving Safety Course as a condition of any deferred disposition.
5. I understand that if I’m under 21yrs of age, any alcohol related allegation could subject me to a Driver’s License Suspension, even if my attorney is successful in keeping citation off my record.

NOTE: IF YOU ARE PLANNING TO ENLIST IN THE MILITARY, PLEASE DISCUSS THIS WITH US BEFORE HIRING ME TO REPRESENT YOU. A PENDING CITATION WITH OUR OFFICE COULD PREVENT YOU FROM ENTERING THE MILITARY.

IN THE EVENT THE ATTORNEY HAS POSTED ANY TYPE OF BOND ON MY CASE AND I FAIL TO APPEAR IN COURT WHEN DIRECTED, I AUTHORIZE THE ATTORNEY TO ACT ON MY BEHALF TO AVOID A BOND FORFEITURE. I UNDERSTAND THIS ACTION COULD RESULT IN A WARRANT ISSUED FOR MY ARREST, A PLEA BARGAIN AGREEMENT COULD BE ENTERED (WITH FEES OWED TO THE COURT BY ME), OR A JUDGMENT AND CONVICTION COULD APPEAR ON MY RECORD. I ACKNOWLEDGE A CONFLICT OF INTEREST MAY EXIST WHICH ARISES FROM THE ATTORNEY’S DESIRE TO AVOID A BOND FORFEITURE, AND I HEREBY WAIVE ANY SAID CONFLICT.

Printed Name

Citation # and City

Mailing Address

Apt. # / Suite

City, State, Zip

Home # or Cell #

D.O.B.

DL #

Social Security # (last four)

Email Address

Work# or Secondary

X _____
Signature

Date

*****Please sign & return with a copy of your driver’s license (if applicable).**