

INFRACTION FEE AGREEMENT

To hire Mr. Sheehan, please fill out this entire form and mail it, along with your check/money order (and your ticket or notice of court date, if available), to:

**Law Office of Michael D. Sheehan
2000 – 112th Ave. N.E.
Bellevue, WA 98004**

The Law Office of Michael D. Sheehan agrees to provide, for a flat fee of (circle or write-in)

\$300/\$350/\$450/ _____, the following services: Representation at my Contested Hearing. The goal of said representation is to prevent my infraction(s) from appearing on my driving record (“Washington State Department of Licensing Driver’s Abstract”).

The flat fee shall be paid as follows: Full payment is required at the beginning of representation. I understand that The Law Office of Michael D. Sheehan will not begin representation or work on my case until/unless I have paid the flat fee described above in full.

Upon receipt of the flat fee, the funds are the property of the Law Office of Michael D. Sheehan and will not be placed in a trust account. The fact that I have paid the fee in advance does not affect my right to terminate the client-lawyer relationship. In the event our relationship is terminated before the agreed-upon legal services have been completed, I may or may not have a right to a refund of a portion of the fee.

Client’s Signature Client’s Printed Name Date Signed

Client/Case Information

Last Name First Name Middle Name Date of Birth

Street Address City/State/Zip Code

Home or Work Phone Cell Phone or Pager E-mail Address

Date Ticket Received Infraction(s) Listed on Ticket (e.g., “Speeding” or “Fail to Stop”)

Ticket/Case Number Name of Court Court Date/Time (if known)

Referred By (e.g., Name of Friend, Name of Website/Blog, Phone Book, etc.)