

**REQUEST FOR DRIVING RECORD EVALUATION
(North Carolina only)**

I _____ hereby request that The Richardson Law Firm, PLLC perform an evaluation of my North Carolina driving record to determine the actions that need to be taken to restore my driver's license or driving privilege in North Carolina. **The non-refundable fee is \$200.00** and I agree that the attorney will request my record after payment of the above fee. If I enclose a full driving record from the Division of Motor vehicles dated less than two (2) weeks before the date I pay the record evaluation fee, the fee will be reduced to \$180.00.

I understand that after the evaluation is performed, the attorney will contact me for a follow-up consultation to discuss the status of my driving record, and advise me of the steps involved in restoring my driver's license/privilege, and the legal fees and costs that may be associated with each. After said discussion, I will advise them of my decision. I understand that I may choose not to retain the Firm for any further legal work beyond the follow-up consultation, and the Firm shall have no further obligation to me unless I retain the Firm by paying the legal fees quoted at the follow-up consultation.

My contact information and the information needed to request my driving record is as follows:

Name _____
(First) (Middle) (Last)

NC Driver's License or ID Number _____
(You will find this number on the license or identification card issued to you by the Division of Motor Vehicles, or on any of the traffic tickets you have received.)

Date of Birth (MM/DD/YYYY) _____ Race _____ Sex _____

Address _____ City _____ State ____ Zip _____

Home Phone () _____ - _____ Work () _____ - _____ Cell () _____ - _____

Case Docket Number _____ Next Court Date _____

I am enclosing with this request for legal services a copy of one of my most recent traffic tickets, and a photocopy of my driver's license or identification card. In addition, to verify that I am the person for whom this driving evaluation is requested, I understand that my signature must be notarized below.

Client Date

Sworn to and subscribed before me this _____ day of _____, 20 ____.

Notary Public
My Commission Expires: _____

Accepted by: _____ Date _____
Attorney,
Richardson Law Firm, PLLC

For office use only
Record Evaluation Fee Paid \$_____.00 Date _____
Client provided driving record? YES / NO