

Government of the District of Columbia
Department of Motor Vehicles
Adjudication Services Administration
P.O. Box 91980
Washington, D.C. 20090



WRITTEN APPEARANCE BY COUNSEL AND CONSENT BY CLIENT

APPEARANCE BY COUNSEL

As required by Sections 1025.5 and 1025.6 of Title 18, DCMR, I hereby enter my written appearance on behalf of _____, concerning
Infraction Number(s) _____.

I certify that I am licensed to practice in _____ and am in good standing with the highest court of that jurisdiction.

Date: _____

Bar Number

Attorney Name

Attorney Signature

Address

City, State, Zip code

Telephone Number

CLIENT CONSENT*

I hereby consent to the above representation and further consent that the Department of Motor Vehicles may provide my attorney with personal information about me, including my address and driving record.

Date: _____

Client Signature

Client Name

*In lieu of the Client Consent section, an attorney may provide another document, signed by the client, authorizing the attorney to represent the client for the infractions listed on the consent form and to receive personal information about the client.