

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 Name \_\_\_\_\_

Client Signature \_\_\_\_\_

\*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.