INFRACTION FEE AGREEMENT

To hire Mr. Tymczyszyn, 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 John M. Tymczyszyn, PLLC
800 Bellevue Way NE, Suite 400
Bellevue, WA 98004

Law Office of John M. Tymczyszyn agrees to provide, for a flat fee of _____

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 John M. Tymczyszyn will not begin representation or work on my case until/unless I have paid the flat fee above in full.

Upon receipt of the flat fee, funds are the property of the Law Office of John M. Tymczyszyn 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 E-mail

_____ _____
Date of Ticket Infraction(s) Listed on Ticket (e.g., "Speeding" or "Fail to Stop")

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

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