

Attorneys  
**(J.M.) MIKE MONKS**  
**(G.P.) PAT MONKS**



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INSTRUCTIONS: The fax you have received should be 3 pages, including this worksheet and the T1 and T2 worksheets sent for your completion. If you have not received all of the pages, please contact our office NOW @ 713-666-6657 Ext. 318. In order to represent you in court as you have requested, the 3 work pages you have been sent must be completed in their entirety and faxed back to us. Please complete all of the sections marked for client completion and fax back those pages AS WELL AS COPIES OF THOSE ITEMS DESIGNATED IN THE CHECKLIST with your remittance as described in the section regarding payment below. After Faxing all of the requested information back to our offices, CALL AND CONFIRM OUR RECEIPT OF YOUR FAX @ 713-666-6657 Ext. 301.

Client Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date sent: \_\_\_\_\_

Fax: \_\_\_\_\_

Date due: \_\_\_\_\_

**CHECKLIST OF DOCUMENTS TO BE FAXED BACK TO MONKS**

- |  |  |
|--|--|
| <input type="checkbox"/> Copy(s) of all tickets. _____ # of Tickets attached.            | <input type="checkbox"/> Copy of Driver's License.   |
| <input type="checkbox"/> Form T1 with Sections 1 and 3.                                  | <input type="checkbox"/> Copy of Proof of Insurance. |
| <input type="checkbox"/> Form T2 with your signature.                                    | <input type="checkbox"/> Copy of Registration.       |
| <input type="checkbox"/> <b>Copy of signed check for the Total Payment listed below.</b> | <input type="checkbox"/> _____                       |
| <input type="checkbox"/> Photocopy of Front and Back of Credit Card to be used.          | <input type="checkbox"/> _____                       |

**CREDIT CARD INFORMATION REQUIRED BELOW IF USING CREDIT CARD TO PAY FEES**

- VISA       MASTERCARD       AMEX       DISCOVER

CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NAME (as shown on card): \_\_\_\_\_

BILLING ADDRESS (as shown on credit card statement): \_\_\_\_\_

**TOTAL FEE:** \_\_\_\_\_

I hereby authorize my credit card and/or checking account to be charged for the total fee listed above for the services outlined on Forms T1 and T2 which I have also signed and approved. Additionally, I understand that if I am paying by "check by fax" that an electronic or facsimile copy of the check will be used to debit my checking account in the amount of the faxed copy of my check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

**FORM T1 – TRAFFIC TICKET CLIENT INFORMATION SHEET**

CITY OF HOUSTON       INSIDE HARRIS COUNTY       OUTSIDE HARRIS COUNTY

**SECTION 1 – This Section to be completed by Client:**      E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  Male  Female

Birth Date: \_\_\_/\_\_\_/\_\_\_ Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Pager/Cell Phone: \_\_\_\_\_

Pre-Paid      Referred by: \_\_\_\_\_

**SECTION 2 – This Section to be completed by Monks Law Firm Office Personnel:**

Court	Case Number	Violation	Offense Date	Arraignment Date

Attorney's Fees:\$\_\_\_\_\_ .00      Bond Amount:\$\_\_\_\_\_ .00      Bail Bond Fee:\$\_\_\_\_\_ .00

Account Amount:\$\_\_\_\_\_ .00      Payment made by:  Cash/Money Order

This Payment:\$\_\_\_\_\_ .00       Check - # \_\_\_\_\_

Balance Due:\$\_\_\_\_\_ .00       VISA     MASTERCARD     AMEX

Card # \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_

IMPORTANT NOTICE – I understand that I MUST maintain an accurate account of applicable dates and that I MUST appear at all trial settings. If I do NOT receive a court notice from this law office within 20 days of my arraignment date, I will phone the 24-hour automated hotline at 713-247-5100 for City of Houston cases, or I can call Monks Law Firm at 713-666-6657 during regular business hours. For Harris County and all other tickets, I will phone Monks Law Firm Office at the number above for my court date.

NOTE: IF THERE ARE PARTICULAR DATES THAT YOU CANNOT BE AVAILABLE TO GO TO COURT, PLEASE LET US KNOW AT THIS TIME. WE WILL DO OUR BEST TO SCHEDULE YOUR COURT DATE ACCORDINGLY, BUT IT IS ULTIMATELY THE COURT'S DISCRETION AND IT CANNOT BE GUARANTEED.

**SECTION 3 – This section to be completed by Monks Law Firm Office Personnel and Client:**

Upon signing below, client signifies that he/she has read, understood and agreed to all of the terms specified on this form (T1) and the Traffic Ticket and Other Class C Misdemeanors Agreement found attached to this form (T2).

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

\_\_\_\_\_  
Monks Law Firm, P.C.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**FORM T2 OUT OF COUNTY - TRAFFIC & OTHER CLASS C MISDEMEANORS AGREEMENT**

This agreement is made between the Client (you) and Monks Law Firm, P.C. (Monks) for representation of the Class C misdemeanor violation(s) listed on the reverse side (Form T1). Your signature on Form T1 indicates that you understand, agree and will comply with the following conditions.

General Provisions

- 1) Monks agrees to represent you for the cases listed on Form T1 for the fee disclosed on Form T1. 2) Monks fees do not include fines, state court costs, or deferred adjudication (probation) costs. 3) The objective of this representation is to negotiate a settlement in order to keep the offense off of the client's record. Fees listed on Form T1 does not include trial. Court appearances require an additional fee of \$1 00 be paid in advance of the setting.
- 4) Monks agrees to represent you, but cannot guarantee dismissal of traffic tickets or misdemeanor cases. 5) You understand and agree that no particular lawyer from Monks will represent you on your case(s). In addition, you agree that Monks may associate with other attorneys or law firms to fulfill its obligations stated herein.
- 6) If you are required to take a Defensive Driving Course, Monks will pay Safe Driver Centre the statutory required \$25 for the class. Monks will give you a Class Voucher and schedule that serves- (1) to pay the \$25 cost for the course given by Safe Driver Centre and (2) provide days, times and location of all scheduled classes. If you are required to take the course, you must register with Safe Driver Centre by phone and your registration must be confirmed by the school administrator in order to attend the course. In addition, you must present the Class Voucher to the class instructor in order to have the attorneys pay for your defensive driving course.
- 7) **A County Court appeal, unless otherwise agreed, will cost \$500 per violation. Fees regarding appeals from the City of Houston are determined on a case-by-case basis.**
- 8) **MONKS DOES NOT GUARANTEE WHEN WARRANTS WILL BE LISTED ON BONDS POSTED BY MONKS.**

Your Responsibility

- 1) You understand that your case(s) may be reset and that you will be notified by mail of the reset date and you are REQUIRED to appear in court on that date. If your case is being reset, Monks will mail a notice to the address given on Form T1. Upon receiving mail notice from Monks, you are responsible for knowing when and where you are to appear in court. You WILL NOT get a phone call reminding you of your court date. If you change your address or telephone number(s) while you have cases pending with Monks, PLEASE MAKE SURE AND NOTIFY THIS OFFICE OF YOUR NEW MAILING ADDRESS AND PHONE NUMBER(S).
- 2) You agree to and MUST appear in court of the date specified.
- 3) Since Monks cannot guarantee the date of your rescheduled court date (trial date), if you are unable to attend court on that date, you MUST ask the attorneys to file a Motion For Continuance with the Court to attempt to reschedule your trial date. A \$50 filing fee is required for filing a Motion For Continuance. Included with this request must be documentation that proves why you are unable to make the scheduled court date. Further, you understand that this motion is granted upon the judge's discretion. Monks CANNOT GUARANTEE THAT A CONTINUANCE WILL BE GRANTED. Also, make sure you give as much time as is feasible for filing a Motion For Continuance, preferably at least two (2) weeks in advance of your scheduled court date.

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

\_\_\_\_\_  
Date Signed

# Traffic – Max

Traffic Violation Legal Defense Insurance

Underwritten by USA Legal Services Inc. • 8133 Baymeadows Way, Jacksonville, Florida 32256

## Policy Holder

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Type of ID: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone # 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

## Producer

Agent: \_\_\_\_\_

Coverage	Policy Fee	Annual Premium	
210 Fam. (Family)	\$5.00	\$ 200.00	<input type="checkbox"/>
210 A: (Individual)	\$5.00	\$ 100.00	<input type="checkbox"/>
210 B: (Individual)	\$5.00	\$ 80.00	<input type="checkbox"/>
210 C: (Individual)	\$5.00	\$ 60.00	<input type="checkbox"/>
210 D: (Individual)	\$5.00	\$ 40.00	<input type="checkbox"/>

Please check Coverage selected



**USA Legal Services**

## Declarations

In consideration of the payment of premiums and subject to all the terms of this policy USA Legal Services Inc. ("Company") agrees to:

Make available legal services described herein to the person insured hereunder referred to as "Policy Holder." The Effective Date and Time of this Policy is the "Effective Policy Enrollment Date" stated below.

Annual Premium of this Policy is: 210 Fam \$200+\$5 Policy Fee = \$205, 210A \$100+\$5 Policy Fee = \$105, 210B \$80+\$5 Policy Fee = \$85, 210C \$60+\$5 Policy Fee = \$65, 210D \$40+\$5 Policy Fee = \$45.

This policy is delivered in the State of Texas and is subject to the laws of that jurisdiction.

Coverage afforded is only with respect to this Policy as indicated in the enclosed "Terms of Policy" issued to the Policy Holder. The limit of the Company's liability shall be as stated therein.

**I hereby apply for participation in the USA Legal Services Inc. Traffic Max Legal Plan as indicated, and acknowledge coverage is conditioned by receipt and approval by Traffic Max, Inc. I understand that legal services will be provided under the plan for certain legal proceedings and that I am responsible for the payment of all costs associated with any matter. I agree to abide by the provisions and rules of the plan. I agree and authorize that the premiums be paid as indicated above. I understand that my attorney-client relationship will be with the attorney providing legal services under the plan and not with Traffic Max, Inc. I represent that to the best of my knowledge all of the information contained herein is correct.**

Policy Holder: \_\_\_\_\_ Date: \_\_\_\_\_ Producer: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (Signature)

**Mail Application to: Traffic Max • 8133 Baymeadows Way, Jacksonville, Florida 32256  
 Claims : 800-356-LAWS (5297)**

Effective Policy Enrollment Date: \_\_\_\_\_ / \_\_\_\_\_ / 200\_\_\_\_ Time: \_\_\_\_\_ : \_\_\_\_\_ A.M. / P.M.  
(circle one)

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / 200\_\_\_\_ 12:01 A.M. Central Standard Time

SCHEDULE A

<b>Policy Holder</b> Name: _____
-------------------------------------

<b>Spouse</b> Name: _____ Type of ID: _____ ID#: _____
--

<b>Dependent #1</b> Name: _____ Type of ID: _____ ID#: _____
--

<b>Dependent #2</b> Name: _____ Type of ID: _____ ID#: _____
--

<b>Dependent #3</b> Name: _____ Type of ID: _____ ID#: _____
--

<b>Dependent #4</b> Name: _____ Type of ID: _____ ID#: _____
--

<b>Dependent #5</b> Name: _____ Type of ID: _____ ID#: _____
--

<b>Dependent #6</b> Name: _____ Type of ID: _____ ID#: _____
--