

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

**4615 Southwest Fwy #520**  
**Houston, TX 77027**

**TEL.: (713) 666-6657**  
**FAX: (713) 661-5302**  
**www.monkslaw.com**



INSTRUCTIONS: The fax you have received should be 3 pages, including this worksheet and Forms T1 and T2, for your completion. If you have not received this page in its' entirety, 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** Copy(s)

of all tickets. \_\_\_\_\_ # of Tickets attached.

Copy  Driver's License. Form T1

with Sections 1 and 3.

Copy  Proof of Insurance. Form T2

with your signature.

Copy  Registration.

**Copy of signed check for the Total Payment listed below.**

\_\_\_\_\_

Photocopy of Front and Back of Credit Card to be used.

\_\_\_\_\_

**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