STATE OF NORTH CAROLINAIN THE GENERAL COURT OF JUSTICE(COUNTY) COUNTYDISTRICT COURT DIVISIONFILE NO: (FILE NUMBER)

| STATE OF NORTH CAROL | INA) | |
|----------------------|-------|----------------------|
| |) | |
| VS. |) | WAIVER OF APPEARANCE |
| |) | |
| NAME, |) | |
| |) | |
| Defendant. |) | |

I hereby acknowledge that I am the Defendant charged in the criminal proceeding in which this waiver is presented. I understand that I have a constitutional right to appear in court and to answer the charges against me. I understand that I am presumed by law to be innocent until proven guilty beyond a reasonable doubt. I understand that I have a right to confront and cross examine any witnesses that testify against me. I understand that I have a right to trial by jury.

I hereby waive my right to appear in open court and hereby name, appoint and designate my attorney, P. Kelly Dawkins, to appear in my behalf and to enter on my behalf a plea of not guilty, guilty as charged or guilty to a lesser included offense and hereby agree, subject to any right of appeal, to be bound by the judgment of the Court or negotiated disposition by my attorney.

(NAME)

METHOD OF PAYMENT

CHECK OR MONEY ORDER ____ CREDIT CARD ____

(The Client understands that any payment made by debit/credit card for an amount less than \$150.00 will result in a \$5.00 service fee)

| Card Number: | Exp. Date | CVV Code: |
|-------------------|--------------|-----------|
| Billing Zip Code: | Amount Paid: | |
| Email Address: | | |
| Phone Number: | | |
| Signature: | | |
| | | |

Please Return by US Mail, Email or Fax to: P.O. Box 565, Southern Pines, NC 28388 pkellydawkins@gmail.com