# ATTORNEY AUTHORIZATION FORM

I attorney _____ authorize attorney _____,
( Printed Name of Attorney of Record) ( Printed Name of Attorney)
to appear on my behalf and to negotiate and enter any and all pleas for the below listed defendant and case(s) pending in The City of North Richland Hills Municipal Court on the attorney plea docket set for _____.
( Printed Month, Day, Year)

I understand that I am assuming full responsibility for any and all actions taken by the authorized attorney acting on my behalf and agree to hold the City of North Richland Hills harmless against any actions arising from this authorization.

| | | |
|---|---|---|
| _____ (Case Number) | _____ ( Offense) | _____ ( Defendant's Name) |
| _____ (Case Number) | _____ ( Offense) | |
| _____ (Case Number) | _____ ( Offense) | |
| _____ (Case Number) | _____ ( Offense) | |
| _____ (Case Number) | _____ ( Offense) | |
| _____ (Case Number) | _____ ( Offense) | |
| _____ (Case Number) | _____ ( Offense) | |

All requests must be delivered to the North Richland Hills Municipal Court or faxed to (817) 427-6707 and followed up by phone (817) 427-6700 to ensure that it is received no later than 12 noon the day of the scheduled court date.

_____ ( Signature of Attorney on Record)

_____ ( Date)

Sworn to this _____ day of _____, ____

Seal

_____ (Notary)