GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MOTOR VEHICLES
Adjudication Services
P.O. Box 91980
Washington, DC 20090

Power of Attorney

I, _____ of _____
First Name Middle Name Last Name Business Name (if applicable)

located at _____
Address City State Zip Code

as Principal in matters before the Department of Motor Vehicles (iDM Vî), Adjudication Services, as

identified below do hereby ☐ authorize/☐ rescind _____
Name of Representative

as my true and lawful attorney-in-fact to represent me/the company before Adjudication Services, with the power to enter pleas and make full settlement and adjustment on any and all of my liabilities. Any final determination of liability by Adjudication Services shall be binding against me/the company.

The Power of Attorney form is applicable for ☐ all tickets/ ☐ the following specific tickets only:

NOTES:

1. The representative named above does not have to be an attorney. However, the hearing examiner has the discretion to accept or reject a representative who is not an attorney.
2. If the Power of Attorney is rescinded, please forward a copy to Adjudication Services at the address above.
3. If the Power of Attorney form is extended to all tickets, then it shall be valid for one year from the date below, or until the Principal rescinds the Power of Attorney form, whichever comes first.

_____ _____
Signature of Principal Date

On _____, before me, the undersigned, a Notary Public in and for said
Date

State, personally appeared _____, personally known to me or proved to me
Name of Principal

on the basis of satisfactory evidence to be the person whose name is subscribed on this document as Principal and acknowledged that he/she executed the same.

Witness my hand and official seal:

_____
Notary Public in and for said State

It is unlawful to use a fictitious name or address and/or knowingly make any false statement on this application (D.C. Official Code ß22-2405).

To report waste, fraud and abuse by any DC Government agency or official, call the DC Inspector General at 1-800-521-1639.