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 | | ame (if applicable) | |
| | | | | | | |
| locat | ted atAddress | | G': | | 7' 0 1 | |
| | Address | | City | State | Zip Code | |
| as Principal in matters before the Department of Motor Vehicles ("DMV"), Adjudication Services, as | | | | | | |
| identified below do hereby authorize/ rescind | | | | | | |
| Name of Repre | | | | 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 If the Power of Attorney is rescinded, please forward a copy to Adjudication Services at the address above. 3.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. | | | | | | |
| _ | Sign | ature of Principal | | | Date | |
| 0 | | | h - f - u - u - dh - u - d | lausiana di a Natana Bablia | :d £:d | |
| On_ | | Date | , before me, the und | lersigned, a Notary Public | ili and for said | |
| 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. |
| Witn | ness my hand and offic | ial seal: | | | | |
| l <u>—</u> | | | | | | |
| | 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 \$22-2405).

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