

THE LAW OFFICES OF SEEMA D. RUCHANDANI, LLC

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CLIENT'S AUTHORIZATION TO ENTER A PLEA IN ABSENCE

I respectfully authorize the attorneys of The Law Offices Seema D. Ruchandani to represent me in my absence, including but not limited to conducting any investigations, negotiations, trial and/or plea of no contest or guilty on my behalf to protect my legal interests. I have been advised that I may appeal a decision of the General District Court within ten calendar days. I am over the age of 18 years and regret that I cannot be present on the court date.

Client *Signature*: _____

NAME:

Case: _____

Prepared and submitted by:

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