Power of attorney form

I	have been c	haı	rged	an	.d/c	or (det	air	nec	d.																	REIS		6	3	STER
	Date of the	inc	iden	t			/			-	2	0	2														·	V-R	LP TI	AK	
	Place of the	in	cide	nt																											
1 1	I am/will be court.	e cł	narg	ed	in	CO	nn	ect	ioı	n v	vit	h t	he	in	cid	er	nt,	Ιv	<i>r</i> an	nt n	ny	' Ca	ase	e to	b b	e b	rou	ıg.	ht		
_ If	I was admi etainment t																										nsa	ati	on.		
	was detaine olice station		or m	ore	e th	nar	n 10) m	nin	ute	es	by	the	e p	oli	ce	e ei	th	er (on	th	e s	tr	eet	. OI	at	th	.e			
				~	Ĵ	1.	7	T	T T			ŧ)E		¥	J	j	<u> </u>	1		_	-									
I give	e Ulydig Ret	shj	ælp	ро	we	er c	of a	itto	rn	ey	t to):																			
□ Co	ontact the po	olic	e on	n m	y b	eh	nalf	to	fu	lfil	ll t	he	ab	OV	e w	/is	she	S.													
□ Re	equest and c	bta	ain a	CC	ess	tc	th	e f	oll	OW	<i>i</i> in	g i	nfc	orn	nat	io	n a	abo	out	m	у	cas	se:								
	Basic info charges a possible o	gai	inst :	me	. 3)	V	Vhe	th	er i	I h														•			-				
	All inform to the cas	e.																									d				
	ontact lawye ake binding						lf r	ega	arc	lin	.g t	he	ca	se.	. I c	lo	nc	ot ç	jiv(e tł	ne	m ;	рс	W€	er t	O					
1 1	ıbmit compl nd apply for			_				pol	ice	e o:	n i	my	be	ha	ılf i	n	rel	lat	ion	tc	tł	ne :	in	cid	ler	ıt					
			_	_	7	<u> </u>		_	1 A			1	A A		√ ÷	•	<u>;/</u>	2	√ -			-									
	ish to withd ntakt@ulydi		-	-				att	ori	ney	y, I	alv	wa	ys	ha	VE	e th	ne	opt	tio	n t	.o c	lo	SO	bу	7 W	rit	in	g		
Signat	ure:																														
/Iy infori	mations:																							U	se	Ca	api	ta	l le	ette	ers
Full nam	ne:																														
Address:								_																							lacksquare
CPR nun	nher:					+						+																			
				0															0								0 4	,			
	·				-						X						·····×					***************************************									
Phone n	umber:																														

Email: