



REQUEST/MOTION TO REOPEN

Defendant Name (PRINT)

Date of Birth

Street Address (PRINT)

Telephone Number

City, State, Zip (PRINT)

Citation Number(s):

Charge(s):

_____	_____
_____	_____
_____	_____
_____	_____

My request to reopen should be granted by the court because (If failed to appear, indicate why):

I understand that:

1. I will have to pay a \$30.00 nonrefundable fee for reopening the case(s).
2. Must be made within 6 months of entry of judgment.
3. The Judge does not have to grant the reopening. If my case is not reopened, I will still owe the forfeiture (if not already paid in full) and costs and be found guilty as charged. If it is reopened, I may have to come to court for further hearings.

Defendant Signature

Date

For Office Use Only: Reopening Fee Paid YES / NO Date Paid: _____