



Village of Ashwaubenon
Municipal Court

2155 Holmgren Way • Ashwaubenon, WI 54304
P: 920.492.2307
court@ashwaubenon.gov

Municipal Court Request to Reopen Case

ASHWAUBENON MUNICIPAL COURT
Honorable Gary A. Wickert Municipal Court Judge
court@ashwaubenon.gov

DEFENDANT INFORMATION: PLEASE PRINT ALL ANSWERS ON FORM

Name: _____ Date of Birth: _____
(Last, First, Middle)

Street Address: _____ Cell Phone #: _____

City, State, Zip: _____ Home Phone #: _____

Email Address: _____

DETAILS OF REQUEST TO REOPEN CASE

Citation Number(s): _____ Charges(s): _____

My reason for reopening is as follows:

I UNDERSTAND THE FOLLOWING

1. I will have to pay a \$30.00 nonrefundable fee for reopening the case(s).
2. I will have to provide the reason I am requesting a reopening.
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 _____

Request should be emailed, dropped off or mailed to:
 Ashwaubenon Municipal Court – 2155 Holmgren Way - Ashwaubenon, WI 54304
 Email: court@ashwaubenon.gov Fax: (920)492-2311

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