

REQUEST TO REOPEN

NAME: _____
FIRST MIDDLE INITIAL LAST

ADDRESS: _____
STREET NUMBER AND NAME CITY STATE ZIP CODE

TELEPHONE NUMBER: _____

I, _____, request a reopening of the following:
YOUR NAME

CASE/TICKET NUMBER(S): _____

My reason for requesting a reopening is: _____

I UNDERSTAND THAT:

- 1) I will have to prove the reason stated above.
- 2) The following are normally not valid or acceptable reasons for a case to be reopened, especially if it is more than 30 days after the judgment date.
 - I forgot about my court date.
 - I lost my ticket.
 - I need time to pay.
(If you need time to pay you can file a request for payment arrangements with the court)
- 3) I will have to come back to court on another day.
- 4) There is a \$40.00 filing fee to reopen a case. If you feel you shouldn't have to pay the \$40.00 filing fee you will need to make a separate written request to Judge Koval to ask that the fee be waived, and you will need to explain why you think the fee should be waived.

DATE: _____ SIGNATURE: _____