

REQUEST TO REOPEN

NAME: _____
FIRST MIDDLE INITIAL LAST

ADDRESS: _____
STREET NUMBER AND NAME CITY STATE ZIP CODE

PHONE: _____ EMAIL: _____

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) The court is permitted to impose costs on a motion to reopen after making a ruling on whether to grant or deny the motion. If the court does impose any costs it will usually be no more than \$40.00 and the party can request a waiver of the costs for good cause, such as indigency reasons.

DATE: _____ SIGNATURE: _____