



Motion to Reopen

I, _____,
PRINT FULL NAME

am requesting to have my case(s) reopened in the Village of Shorewood Municipal Court.

Citation No (s): _____

Reason for Reopen Request: _____

My request to reopen should be granted by the court because: [if you failed to appear, indicate why]

I understand that I may be required to pay reopening costs and attend future court dates, and that I will still owe the forfeiture if my motion is denied. I understand that, if I cannot pay the reopening costs due to poverty, I may file a request to waive those costs.

Defendant's signature

Date

Defendant's Information:

Address: _____
CITY/TOWN STATE ZIP CODE

Phone No: _____ Email: _____

Driver's License No.: _____

Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Expiration Date: _____ / _____ / _____
MONTH DAY YEAR