## REOPENING REQUEST

I hereby submit for the Two Rivers Mishico	1	1	,	
Name of Defendant (Printed)	Date	of Birth	/	_
Address	City	State	Zip Code	_
Phone				
Citation Number / QC#		tion		_
Reason for requesting the reopening:				_
applied to the fine due. I understand it is represent reason to the Judge why this case sho is not reopened, I will still owe the forfeitu understand I may need to come to court for	ould be reopened. The are and costs due and l future hearings.	Judge does not h	ave to grant the	e reopening. If it
Signature of Defendant	Date			
You are to appear before the Honorable Jud 202, located in Two Rivers City Hall at 171			shicot Municij	pal Court, Room
Court Date	Time			_
Defendant Signature		Signature or De	•	_
GRANTED	☐ DEN	ŒD		
REOPENING FEE IMPOSED BY JUD	GE: \$			
**Take this form to the Police Departmer Pretrial Conference appointment. Fee		. ·		•