

REQUEST TO REOPEN

Date: _____

Defendant Information					
First:		Middle:		Last:	
Street Address:				Apt/Unit #:	
City:			State:		Zip Code:
Phone # (with area code):			Social Security #:		

Citation #(s): _____

Violation(s): _____

Dear Judge Frederick Klimetz,

(In the lines below, please explain why you missed/did not attend your court date.)

Signed,

X _____
(Signature)

COMPLETED FORM MUST BE SUBMITTED TO:
FRANKLIN MUNICIPAL COURT
9455 WEST LOOMIS ROAD
FRANKLIN, WI 53132
Fax: 414-858-2625

FOR OFFICE USE ONLY:		
Previous Conviction Date: _____		<input type="checkbox"/> Default <input type="checkbox"/> Defendant In Court
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Fee Assessed: _____ <input type="checkbox"/> Fee Waived	Reviewed by: _____ <i>Hon. Frederick F. Klimetz</i> _____ Date
Additional Note:		

Date Received: _____