

WRIGHTSTOWN MUNICIPAL COURT

352 High Street, Wrightstown, WI 54180
920-532-5547 FAX 920-532-4996

STATE OF WISCONSIN

BROWN/OUTAGAMIE COUNTY

REQUEST TO REOPEN

Defendant name: _____

Address: _____

Phone Number: _____

	Citation Number(s)	Offense(s)
1.	_____	_____
2.	_____	_____
3.	_____	_____

My reason for reopening is:

I understand that:

1. I may have to pay up to **\$30.00** for reopening the case(s). Payment is due when the request to reopen is granted. Payable to: Wrightstown Municipal Court, 352 High Street, Wrightstown, WI 54180.
2. I will have to prove the reason I am requesting the reopening.
3. The judge does not have to grant the reopening. If it is not reopened, I will still owe the forfeitures and costs and be found guilty as charged. If it is reopened, I may have to appear for more court proceedings.

Dated

Signature

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ORDER

The request to reopen is granted/denied.

Date

Hon. Perry D. Kingsbury
Municipal Judge, Village of Wrightstown