



# Wisconsin Dells Municipal Court

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300 La Crosse Street  
Wisconsin Dells, WI 53965  
(608) 254-2442  
rrathman@dellscitygov.com

## MOTION TO REOPEN

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Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citation Number(s) and Offense:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The reason I didn't appear in Court and am requesting to reopen is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I understand I will have to prove the reason I am requesting to reopen. The Judge does not have to grant this request. If it is not reopened, I am still liable for the fines & forfeitures due and a \$50 case reopening deposit.***

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

APPROVED

DENIED

\_\_\_\_\_  
Bret B Anderson, Municipal Judge

\_\_\_\_\_  
Date