Wisconsin Dells Municipal Court

300 La Crosse Street
Wisconsin Dells, WI 53965
(608) 254-2442
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MOTION TO REOPEN

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

_____ _____

Brian L. Landers, Municipal Judge Date