MID-MORAINE OZAUKEE AND

STATE OF WISCONSIN MUNICIPAL COURT WASHINGTON COUNTIES

**MOTION FOR RELIEF FROM JUDGMENT  
AND ORDER ON MOTION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Plaintiff,

vs.

Citation No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

,

Full Name (First Middle Initial Last) Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State ZIP

Defendant. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE FILLED OUT BY DEFENDANT:**

The Court entered judgment on the above referenced citation due to my failure to appear.

My failure to appear was due to:

I understand that I may be required to pay reopening costs, attend future court dates, and that I will still owe the forfeiture if my motion is denied. I understand that, if I cannot pay the reopening costs due to poverty, I may file a request to waive those costs.

Defendant or Defendant’s Attorney Signature: Date:

**TO BE COMPLETED BY PROSECUTOR:**

**Prosecutor’s position on Motion:** Do Not Object Schedule motion for hearing.

**THE COURT ORDERS THAT:**

The motion is denied for failure to: Meet statutory requirements.

Establish mistake, inadvertence, or excusable neglect.

Other / explanation:

A hearing on the motion shall be held (see enclosed Notice of Motion Hearing).

The motion is granted subject to the defendant paying costs of $ within 20 days from the date

of this Order, pursuant to Wis. Stat. §814.07. If the defendant is unable to pay the costs due to poverty

he or she may file a request to waive those costs. Upon payment received, this matter will be set for a pretrial.

BY THE COURT:

Christine E. Ohlis, Municipal Court Judge Date