**YOUR NAME**

**YOUR ADDRESS**

**CITY, STATE, ZIP**

**PHONE NUMBER**

**EMAIL**

Self-Represented

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF KERN

12022 MAIN STREET

LAMONT, CA 93241

(661) 610-7100

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| --- | --- | --- |
| PEOPLE OF THE STATE OF CALIFORNIA    v.  **[YOUR NAME HERE]** | )  )  )  )  )  )  )  )  )  )  )  ) | Citation No.: **[YOUR TICKET #]** MOTION TO REOPEN TRAFFIC CASE  Date: **[Any day Monday – Friday - 10+ Court Days After Service/Filing]**  Time: 8:30 AM  Dept: A |

Points and Authorities: **[THIS IS WHERE YOU WRITE WHAT YOU ARE ASKING THE COURT FOR. THERE IS NO EXACT PHRASE OR SPECIFIC LANGUAGE THEY ARE EXPECTING. CLEARLY AND ACCURATELY STATE WHAT YOU ARE LOOKING FOR AS PLAINLY AS POSSIBLE]**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature