**YOUR NAME**

**YOUR ADDRESS**

**CITY, STATE, ZIP**

**PHONE NUMBER**

**EMAIL**

Self-Represented

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF KERN

TRAFFIC DIVISION

3131 ARROW STREET

BAKERSFIELD, CA 93308

(661) 610-7000

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| PEOPLE OF THE STATE OF CALIFORNIA    v.  **[YOUR NAME HERE]** | )  )  )  )  )  )  )  )  )  ) | Citation No.: **[YOUR TICKET #]**  Date: **[Monday – Friday 10 + Court Days After Service/Filing]**  Time: 9:30 AM  Dept: T-1  MOTION TO REOPEN TRAFFIC CASE |

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