**YOUR NAME**

**YOUR ADDRESS**

**CITY, STATE, ZIP**

**PHONE NUMBER**

**EMAIL**

Self-Represented

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF KERN

1773 STATE HIGHWAY 58 BUSINESS

MOJAVE, CA 93501

(661) 610-7400

|  |  |  |
| --- | --- | --- |
| PEOPLE OF THE STATE OF CALIFORNIA    v.  **[YOUR NAME HERE]** | )  )  )  )  )  )  )  )  )  ) | Citation No.: **[YOUR TICKET #]**  Date: **[Pick a date Monday through Friday, 10+ Court Days After Service/Filing – fill it in and delete the rest of this text]**  Time: 8:30 AM  Dept: B  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