

## Circuit Court of Ozaukee County

## Mary Lou Mueller

Clerk of Circuit Court, Clerk of Juvenile Court Register in Probate, Probate Registrar OZAUKEE COUNTY JUSTICE CENTER 1201 S. SPRING STREET P.O. BOX 994 PORT WASHINGTON WI 53074

RE: Motion to Reopen – Traffic

Dear Mr/s.

Enclosed please find the forms you requested. Included is the affidavit of service form, which will be required to be submitted <u>with</u> your motion to reopen and proposed order; both completed, for the Court's signature. The affidavit of service is to verify the copies were provided to the Ozaukee County District Attorney's office.

Please file with the Clerk of Circuit Court and provide copy to the Ozaukee County District Attorney's office:

- Motion to Reopen Traffic Forfeiture (TR-310)
- Order on Motion To Reopen Traffic Forfeiture (TR-311)
- Motion to Reopen Affidavit of Service (Local Form)
- If applicable; Certification by Prosecuting Agency Verifying Identity Theft or Mistaken Identity (GF-185). To be submitted to Ozaukee County District Attorney's office for completion.

Failure to submit all required completed forms will result in no action taken by the Court on the request.

Forms are available at: www.co.ozaukee.wi.us/181/Clerk-of-Circuit-Courts

You may wish to contact an attorney for legal advice regarding your specific circumstances.

Very truly yours,

**OZAUKEE COUNTY** 

Mary Lou Mueller Clerk of Circuit Court By Deputy Clerk:

**Enclosures** 

STATE OF WISCONSIN, CIRCUIT COURT,	COUNTY	
Plaintiff,	Motion to Reopen Traffic Forfeiture	
Name , Defendant		
Address	Case No	
City, State, Zip	-	
The above referenced case was set for	arance	_
on [Date] Upon my failure to appear,	the court entered judgment.	
My failure to appear was due to		
I request the court reopen this matter.		
	Defendant	
	Name Printed or	Typed
DISTRIBUTION: 1. Court		
<ol> <li>Prosecutor's Office</li> <li>Defendant</li> </ol>	Date	

STATE OF WISCONSIN, CIRCUIT COURT,	COUNTY
State of Wisconsin, Plaintiff,	
VS.	☐ Amended
	Order on Motion to Reopen
Defendant	Traffic Forfeiture
Address	Case No
City, State, Zip	
The court has reviewed the defendant's motion file	ed with the court on [Date]
THE COURT FINDS:	
neglect.	n trial date or 6 months from initial appearance date) ar was due to mistake, inadvertence, surprise, or excusable to appear was due to mistake, inadvertence, surprise, or
2. The request is untimely.	
☐ 3. Court needs more information.	
THE COURT ORDERS:	
The request to reopen is  1. granted. The conviction is vacated and the matter bond/forfeiture posted remains on file.  The court orders a \$ motion fee puscheduling further action in this matter.	shall be scheduled for trial/initial appearance. Any ursuant to §814.07, Wis. Stats., be paid prior to the court
2. denied.	
☐ 3. to be set for a hearing and notice will be sent.	
DISTRIBUTION: . Court 2. Defendant	

TR-311, 05/17 Order on Motion to Reopen Traffic Forfeiture

Prosecutor's Office

State of Wisconsin Ozaukee County, Plaintiff, -vs, Address	STATE OF WISCONSIN, CIRCUIT COURT, 9	Ozaukee COUNTY
-vs, Affidavit of Service	State of Wisconsin	W.:
Name	Ozaukee County, Plaintiff,	•
Address  City State Zip  Date of Birth: Case No	-VS,	
Address  City State Zip  Date of Birth: Case No	D.4	San dans
Address  City State Zip  Date of Birth: Case No		rendant
Address  City State Zip  Date of Birth: Case No	varie	
City State Zip  Date of Birth: Case No		
Date of Birth:	Address	
Date of Birth:		
	City State Zip	
I, [Name]	Date of Birth:	Case No
State of		Case 140
State of	I. [Name]	of [Citv]
provided copies of the following documents:  Documents provided:  the original of which is on file a copy of which is attached to the following named persons at the address/facsimile number listed:  NAME ADDRESS TYPE OF SERVICE****  Type of Service: Personal Service, Mail Certified mail return receipt requested, FAX with transmittal receipt  Signature Name Typed/Printed  Date  Subscribed and sworn to before me		
Documents provided:  the original of which is on file a copy of which is attached to the following named persons at the address/facsimile number listed:  NAME ADDRESS TYPE OF SERVICE***  Type of Service: Personal Service, Mail Certified mail return receipt requested, FAX with transmittal receipt  Signature Name Typed/Printed Date  Subscribed and sworn to before me	State of	_, being sworn, state that on [Date],
the original of which is on file a copy of which is attached to the following named persons at the address/facsimile number listed:  NAME  ADDRESS  TYPE OF SERVICE***  Type of Service: Personal Service, Mail Certified mail return receipt requested, FAX with transmittal receipt  Signature  Name Typed/Printed  Date  Subscribed and sworn to before me	provided copies of the following documents:	
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Type of Service: Personal Service, Mail Certified mail return receipt requested, FAX with transmittal receipt  Signature  Name Typed/Printed  Date  Subscribed and sworn to before me	·	
Signature  Name Typed/Printed  Date  Subscribed and sworn to before me		TIPE OF SERVICE
Signature  Name Typed/Printed  Date  Subscribed and sworn to before me		
Signature  Name Typed/Printed  Date  Subscribed and sworn to before me		
Signature  Name Typed/Printed  Date  Subscribed and sworn to before me		
Name Typed/Printed  Date  Subscribed and sworn to before me	Type of Service: Personal Service, Mail Certified	d mail return receipt requested, FAX with transmittal receipt
Name Typed/Printed  Date  Subscribed and sworn to before me		
Subscribed and sworn to before me		Signature
Subscribed and sworn to before me		Name Tyned/Printed
Subscribed and sworn to before me		
on	Subscribed and sworn to before me	Date
Notary Public / Court Official My commission expires:		<u></u>

	STATE OF WISCONSIN CIRCUIT COURT	1		
Enter the name of the	STATE OF WISCONSIN, CIRCUIT COURT,			
county in which the case is filed.	cour	NTY		
Enter the name of the	Plaintiff:			
plaintiff in that original case file.		_		
	Name			
	-VS-			
Enter the name of the defendant in that original	Defendant:	Certification by Prosecuting Agency		
case file.	First name Middle name Last name	Verifying Identity Theft or		
		Mistaken Identity		
	Address	Case No.		
Enter the case number.	Date of Birth	_		
	I CERTIFY:			
The mere fact that a case is dismissed or a person is found "not guilty" is <i>not</i>	I am the prosecuting attorney (or the prosecuting attorney's designee) for the above-captioned case.			
sufficient to file this petition. This petition can only be filed when the charge was a <i>bona fide</i>	<ol> <li>The person named above was charged in this case but was not the real person who committed the offense(s.) This person was the victim of either identity theft or was charged as a result of mistaken identity.</li> </ol>			
case of either identity theft or a mistake in charging.	3. I join the petition of the above-named person to have this case record removed from the online records of the Wisconsin Circuit Court Access. I understand that this will not remove the actual physical records from the Clerk of the Circuit Court.			
	1			
		rosecuting Attorney or Designee		
	Name Printed or Typed			
		reame Filiteu of Typeu		
		Official Title		
		Date		