HOW TO FILE A MOTION TO RE-OPEN A PREVIOUSLY PAID MINNEAPOLIS STOP ON RED CITATION

The person desiring to re-open a previously paid Stop on Red citation must do the following things:

1. Obtain a copy of the paid citation, which can be picked up at the Violations Bureau, Hennepin County Government Center, 300 South Sixth Street – Public Service Level/Skyway Level, Minneapolis, Minnesota, or at one of the suburban courthouse locations.

2. Prepare the Motion on the attached sheet of paper with the following:

   a. your full name and date of birth
   b. your current address and local phone number
   c. your driver license number
   d. the citation number
   e. a short paragraph with the reasons why the citation should be re-opened
   f. the date you are signing the motion
   g. your signature
   h. your printed name

3. Make two copies of the completed Motion, and two copies of the citation. One set of copies is for you and the other set of copies must accompany your original Motion to the District Court.

4. Bring the **original** Motion, a copy of the citation, and the copies you made for District Court back to the Downtown Violations Bureau Criminal District Court filing counter on the Public Service Level and file these by giving them to the clerk. *NOTE*: your case **will not** be placed on the Court's calendar at this time.

5. The court will notify you by mail regarding the date and time of the motion hearing if one is to be scheduled. Either way you will be notified by mail of the outcome of your motion.

STATE OF MINNESOTA   DISTRICT COURT

COUNTY OF HENNEPIN   FOURTH JUDICIAL DISTRICT

_____
          Plaintiff   COURT FILE NUMBER:_____

**MOTION TO RE-OPEN A
PREVIOUSLY PAID
STOP ON RED CITATION**

1.   My Full Name is: _____

2.   My date of birth is: _____

3.   My address and local telephone number are:

_____
     Street

_____
     City   State   Zip Code

_____
     Telephone Number (s)

4.   My driver license number is: _____

5.   The citation number is: _____

6.   The citation should be re-opened because:

_____

_____

_____

_____

Date:_____   _____
                                            Signature

                                       _____
                                       Printed name