



Georgia L. Konstantakis, Municipal Court Judge

REQUEST TO REOPEN

Date: _____

Defendant Information			
First:	Middle:	Last:	
Street Address:		Apt/Unit #:	
City:	State:	Zip Code:	
Phone # (with area code):		Social Security #:	

Citation #(s): _____

Violation(s): _____

Dear Judge Konstantakis,

(In the lines below, explain why you missed/did not attend your court date.)

Signed,
 X _____
 (Signature)

SUBMIT THE COMPLETED FORM TO THE FRANKLIN MUNICIPAL COURT. ONCE RECEIVED, THE COURT CLERK WILL FILE YOUR REQUEST AND ASSIGN A HEARING DATE/TIME. YOU WILL BE REQUIRED TO APPEAR IN PERSON AT THE SCHEDULED HEARING DATE.

FOR OFFICE USE ONLY:	
Previous Conviction Date: _____	<input type="checkbox"/> Default <input type="checkbox"/> Defendant In Court