

**MOTION TO REOPEN (CRIMINAL/TRAFFIC)/MOTION TO REHEAR (CIVIL)/
MOTION FOR NEW TRIAL (CIVIL)**

Commonwealth of Virginia VA. CODE §§ 16.1-133.1; 8.01-322; 16.1-97.1

General District Court
 Juvenile & Domestic Relations District Court
CITY OR COUNTY
STREET ADDRESS OF COURT

I, the undersigned,
 move to reopen the case numbered under Va. Code § 16.1-133.1
in which I was found guilty of . It has been
sixty days or less since the date of conviction on .
 move for a rehearing of the civil case numbered under Va. Code § 8.01-322. I was
served by publication and it has been two years or less since the judgment, decree or order and one year or less
since I was served with a copy of the judgment, decree or order.
 move for a new trial in the civil case numbered under Va. Code § 16.1-97.1. It has
been thirty days or less since the date of judgment in this case.

I am making this motion based on the following reasons:

[Redacted]

DATE OF MOTION APPLICANT'S SIGNATURE
PRINT NAME OF APPLICANT TITLE OF APPLICANT

NOTICE OF HEARING

TO: RESPONDENT

A hearing will be held in this Court on DATE AND TIME m. on this motion.

DATE [] CLERK [] DEPUTY CLERK

It is hereby ORDERED that the motion is [] granted [] denied [] dismissed.

DATE JUDGE

HEARING DATE CASE NO.
**MOTION TO REOPEN (CRIMINAL/TRAFFIC)
MOTION TO REHEAR (CIVIL)
MOTION FOR NEW TRIAL (CIVIL)**
Criminal/Traffic
 Commonwealth of Virginia
v./In re
DEFENDANT
Civil
PLAINTIFF(S)
DEFENDANT(S)
v./In re
DEFENDANT(S)
Service on Respondent type required:
 Personal Service only
 Personal or Substituted Service only
 Mailed on DATE

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME _____	
ADDRESS _____ _____	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. _____
<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner: <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above. _____ _____ <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.) <input type="checkbox"/> Served on Secretary of the Commonwealth.	
<input type="checkbox"/> Not found	_____
SERVING OFFICER	
_____ for _____	
DATE	

NAME _____	
ADDRESS _____ _____	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. _____
<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner: <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above. _____ _____ <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.) <input type="checkbox"/> Served on Secretary of the Commonwealth.	
<input type="checkbox"/> Not found	_____
SERVING OFFICER	
_____ for _____	
DATE	