

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)

)
STATE OF SOUTH CAROLINA)
)
Vs.)
)

)

CASE NUMBER:

**IN THE MUNICIPAL COURT
CITY OF COLUMBIA**
MOTION TO REOPEN

Defendant

Case Number(s)/Charge(s): _____

Permanent Address: _____

Mailing Address: _____

Phone Number: _____

Attorney of Record: _____

DL#: _____ **Trial Date:**

DL State: _____ **Time:**

Presiding Judge:

Officer Name/Agency: _____

I make a Motion to Reopen based on the following:

I understand that if I change addresses, it is MY responsibility to notify the Court in WRITING at:

**City Of Columbia Municipal Court
811 Washington Street
Columbia, SC 29201**

Signature of Defendant/Moving Party

Date