

**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:

.....

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 m. on this motion.
DATE AND TIME

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)

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	