

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

A 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. the citation number
 - b. your full name and date of birth
 - c. your current address and local phone number
 - d. your driver license number
 - e. your social security number**
 - f. the date you are signing the motion
 - g. your signature
 - h. your printed name
3. Make two copies of the original 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 status of the motion to reopen. Please allow 3-6 months for processing of the motion to reopen and any potential refund to issue. **No refunds will be issued without a social security number.**

STATE OF MINNESOTA
COUNTY OF HENNEPIN

DISTRICT COURT
FOURTH JUDICIAL DISTRICT

PLAINTIFF

CITATION NUMBER _____

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 current address and local telephone numbers are:

Street

City State Zip Code

Telephone Number (s)

4. My driver license number is: _____

5. **My social security number is:** _____

6. The citation should be re-opened because:

Date: _____

Signature

Printed name