

Using This Revisable PDF Form

1. Copies
 - a. Original – to court.
 - b. First copy – to respondent. If more than one respondent, provide copies for each respondent.
2. Preparation - Motion portion and style of case prepared by applicant; remainder prepared by clerk or judge.
3. Attachments – none.
4. Preparation details
 - a. This form can be used in criminal, traffic, and civil cases.
 - b. Data Element No. 7 should be used to provide information (facts and legal arguments) justifying the action requested.
 - c. The applicant is the party requesting the reopening, rehearing, or new trial.
 - d. The respondent is the other party or parties in the case.

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

..... **1** **2**
CITY OR COUNTY [] General District Court
[] Juvenile and Domestic Relations District Court
..... **3**
STREET ADDRESS OF COURT

- 4** 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
- 5** [] 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.
- 6** [] 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:

..... **7**

..... **8** **9**
DATE OF MOTION APPLICANT'S SIGNATURE

..... **10** **11**
PRINT NAME OF APPLICANT TITLE OF APPLICANT

NOTICE OF HEARING

TO: **12**
RESPONDENT

A hearing will be held in this Court on **13** m. on this motion.
DATE AND TIME

..... **14** **15**
DATE [] CLERK [] DEPUTY CLERK

16 It is hereby ORDERED that the motion is [] granted [] denied

..... **17**

..... **18** **19**
DATE JUDGE

HEARING DATE	20	CASE NO.	21
MOTION TO REOPEN (CRIMINAL/TRAFFIC) MOTION TO REHEAR (CIVIL) MOTION FOR NEW TRIAL (CIVIL)			
Criminal/Traffic			
22	[] Commonwealth of Virginia []		
	v./In re		
	23 DEFENDANT		
Civil			
	24 PLAINTIFF(S)		
	v./In re		
	25 DEFENDANT(S)		
Service on Respondent type required:			
	[] Personal Service Only		
26	[] Personal or Substituted Service Only		
	[] Mailed on DATE		

Data Elements, front

1. Jurisdiction name.
2. Type of court.
3. Street address of court.
4. Check box, if applicable, and insert case number, description of offense, and date of conviction.
5. Check box, if applicable, and insert case number.
6. Check box, if applicable, and insert case number.
7. Reasons for request indicated above.
8. Date of signing of motion.
9. Signature of party making the motion.
10. Printed name of party making the motion.
11. Title of party making the motion.

To be completed by clerk.

12. Parties in case other than the person named in Data Element No. 10.
13. Date and time of hearing on motion.
14. Date of issuance of notice.
15. Signature of clerk or deputy clerk. Check box below signature to indicate title.

To be completed by judge.

16. Check applicable box.
17. Space has been provided for insertion of reasoning or comments regarding Data Element No. 16.
18. Date of order.
19. Signature of judge.

20. Same as Data Element No. 13.
21. Court case number.
22. For criminal or traffic cases, check box and, if applicable, insert name of complaining party.
23. For criminal or traffic cases, name of defendant.
24. For civil cases, name and street address of plaintiff(s).
25. For civil cases, name and street address of defendant(s).
26. Check the appropriate box, depending on type of case:
 - a. Check first box in criminal cases.
 - b. Check second box in civil cases.
 - c. Check third box if mailed to a lawyer of a party in lieu of personal or substitute service and insert date of mailing.

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

NAME..... 1	
ADDRESS..... 2	
.....	
3	<input type="checkbox"/> PERSONAL SERVICE Tel. No.
	<input type="checkbox"/> Being unable to make personal service, a copy was delivered in the following manner: 4 <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. 5 <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.
6	<input type="checkbox"/> Not found 7 SERVING OFFICER
	8 for 9 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 7 SERVING OFFICER
 for DATE

Data Elements, reverse

1. Name of person to be summoned. If person is a corporation's registered agent, show name of corporation on second line.
2. Address and telephone number of person to be summoned.
3. Check this box if personal service obtained.
4. Serving officer to check the appropriate box to designate type of substitute service.
5. If served by leaving with a family member over age 16, check appropriate box and insert required information.
6. Check this box if unable to serve process.
7. Signature of serving officer.
8. Date of signature.
9. Name of sheriff if served by deputy sheriff.