

**IN THE MUNICIPAL COURT
OF THE CITY OF TOPEKA, KANSAS**

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| CITY OF TOPEKA, KANSAS, PLAINTIFF, v. <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> |))))))))) | CASE NO. _____ |
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Motion for Waiver or Modification of Payment of Reinstatement Fees

Pursuant to K.S.A. 8-2110(e), I am requesting a waiver or modification of payment of my reinstatement fees. In support of this request:

List any factors you wish the Court to consider and attach any relevant documentation. Use additional sheets of paper, as necessary.

List any burdens that the reinstatement fees will cause you or your immediate family and attach any relevant documentation. Use additional sheets of paper, as necessary.

I understand that if I do not appear at the Motion hearing scheduled by the Court, my Motion will be denied.

Defendant

CERTIFICATE OF SERVICE

This certifies that a copy of this Motion was served by (choose one) hand-delivery USPS postage prepaid on this ____ day of _____, 20__, by sending copies to:

City Prosecutor
215 S.E. 7th Street, Rm. 260
Topeka, KS 66603

Defendant