

**MOTION TO VACATE / MODIFY SENTENCE  
FORM SUMMARY**

**Purpose of Form:** To file a motion requesting the judge to vacate a default judgment or license suspension or to modify a sentence

**Accompanying Documents/Information:** None

**Payment May Be Required:** \$20.00

**How to File the Form:** The original form must be filed with the court. To file the form, you may do one of the following:

- (1) Mail the form to: Milwaukee Municipal Court  
951 North James Lovell Street  
Milwaukee, WI 53233-1449
- (2) Bring the form to the court in person (please check court hours before coming to court).
- (3) Submit the form via email to [municourt@milwaukee.gov](mailto:municourt@milwaukee.gov), or fax the form to 414-286-3615.

**Deadline for Completion:** Six (6) months after judgment date on the case

**Additional Instructions:** The following information must be completed on the form before it can be filed with the court:

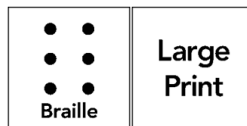
Defendant: If this is a case against you, fill in your name. THIS INFORMATION IS REQUIRED.

Case Number: Fill in the case number. THIS INFORMATION IS REQUIRED. If you cannot find your case number, contact the court.

Type of Motion: Check the type of motion you wish to file. THIS INFORMATION IS REQUIRED.

Reason for Request: Explain the reason for filing the motion. THIS INFORMATION IS REQUIRED.

This material is available in alternative formats for individuals with disabilities upon request. Please contact the ADA Coordinator at [ADACoordinator@milwaukee.gov](mailto:ADACoordinator@milwaukee.gov), (414) 286-5948, TTY: 711. Provide a 72-hour advance notice, 7 days for Braille, to ensure accommodation of request.



CITY OF MILWAUKEE,

Plaintiff,

-vs-

\_\_\_\_\_

Case No. \_\_\_\_\_

Defendant.

**MOTION TO VACATE DEFAULT JUDGMENT**

**MOTION TO MODIFY SENTENCE**

The defendant requests the court to:

Vacate (remove) the default judgment that was imposed on me when I did not appear for my scheduled court date, allow me to enter a not guilty plea, and permit me to defend my case.

Modify the sentence that was imposed on me when convicted of the charge.

The reason(s) for my request are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant/Defendant's Attorney Signature

\_\_\_\_\_  
Defendant/Defendant's Attorney Email Address

\_\_\_\_\_  
Defendant's Attorney Bar Number

*Court Instructions:*

For motions adjourned to a future court date, send notice of hearing date and time to the City Attorney's Office along with a copy of the completed motion form [as required by Wis. Stat. 800.115(5)]