

IN THE MUNICIPAL COURT OF CHARLESTON, WEST VIRGINIA

CITY OF CHARLESTON, WEST VIRGINIA

v.

Refuse Citation No. \_\_\_\_\_

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

\_\_\_\_\_, Defendant

Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SSN \_\_\_\_\_

Phone: \_\_\_\_\_

**MOTION TO CONTEST REFUSE CITATION**

**A COPY OF THE CITATION AND A DRIVER'S LICENSE /ID MUST ACCOMPANY THIS MOTION**

The Defendant hereby MOVES and requests that the Municipal Court dismiss the above referenced Refuse Citation. This Motion to Contest is based upon the following grounds:

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

By signing below, I further assert that I have posted the required bond with the City Collector or on the City's online payment website as required by City ordinance in order for me to be able to go forward with this Motion to Contest (A copy of the receipt is attached as evidence).

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Date

**NOTICE TO DEFENDANT FILING MOTION WITH MUNICIPAL COURT CLERK:** After you file this Motion with the Municipal Court Clerk, you must serve a copy on the City Attorney's Office. (see below)

**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, hereby certify that I have served a copy of the above Motion to Contest on the attorneys for the City (mark the appropriate box) ☐ by hand; ☐ by fax; or ☐ by first-class mail, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, addressed as follows:

City Attorney  
City of Charleston  
P.O. Box 2749  
Charleston, WV 25330  
Fax No.: (304) 348-0770

\_\_\_\_\_  
Signature of Defendant

Failure to appear for your hearing set by the Court for taking evidence on your Motion to Contest may result in denial of your Motion. You may contact the Municipal Court at (304) 348-8079.