**CAUSE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ § IN THE JUSTICE COURT

Plaintiff §

§

v. § PRECINCT \_\_\_\_

§

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ §

Defendant § \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, TEXAS

**MOTION TO REINSTATE PLAINTIFF’S CASE**

###### Comes now Plaintiff in this case, and requests the court reinstate the case pursuant to Rule 505.3(a). Plaintiff would show the court good cause to reinstate the case as follows:

###### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### *(Additional explanation may be attached).*

**DATE SUBMITTED** *(must be within 14 days of signed judgment)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the above Motion to Reinstate was served on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, pursuant to Texas Rule of Civil Procedure 501.4 by:

* Personal delivery
* Mail
* Fax
* Email *(if both parties have agreed in writing and provided an email address)*
* Another method approved by the court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Plaintiff’s Signature

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