

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX

COMMONWEALTH OF VIRGINIA

VERSUS

(Defendant Name)

CASE NUMBER: _____

PRO-SE REQUEST FOR RECONSIDERATION OR REHEARING

Please take notice that the Defendant in this case is filing this request to:

- Reconsider the sentence imposed in this case
- Rehear this case

Please state the reason you would like the Court to reconsider or rehear your case in the space provided below. Print this information clearly. You may attach additional pages.

I CERTIFY I WAS NOT REPRESENTED BY COUNSEL IN THE ORIGINAL CASE.

(Defendant Signature)

Please **print** the following information for use by the Court:

Current mailing address: _____

Daytime Telephone Number: _____

I hereby certify that a true copy of the foregoing was hand delivered mailed this _____ day of _____, _____ to:

Office of the Commonwealth
4110 Chain Bridge Road, Room 114
Fairfax, Virginia 22030

City of Fairfax Attorney
3955 Chain Bridge Rd, Second Floor
Fairfax, Virginia 22030

Town of Herndon Attorney
215 Depot Court SE Suite 305
Leesburg, Virginia 20175

Town of Vienna Attorney
c/o Clerk, Town of Vienna
127 Center Street, South
Vienna, Virginia 22180

FOR COURT USE ONLY:

Date: _____

This request is hereby: granted denied by _____, Judge

The Defendant was notified of the Judge's decision on _____.

By telephone By mail