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| **FORM 117. PETITION FOR REVIEW OF DECISION OF COURT OF APPEALS** |
|  |
| STATE OF MINNESOTA |
| IN SUPREME COURT |

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| CASE TITLE: | | |  | |
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| Petitioner, | | | PETITION FOR REVIEW OF DECISION  OF THE COURT OF APPEALS | |
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|  | vs. | | APPELLATE COURT CASE NUMBER: | |
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|  |  | |  | |
| Respondent. | | | DATE OF FILING OF COURT OF APPEALS DECISION: | |
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| TO: | The Supreme Court of the State of Minnesota: | | | |
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| The petitioner (name) requests Supreme Court review of the above-entitled decision of the Court of Appeals upon the following grounds: | | | | |
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|  | 1. Statement of legal issues sought to be reviewed and their resolution by the Court of Appeals. | | | |
|  | 2. Statement of the criteria of the rule relied upon to support the petition. | | | |
|  | 3. Statement of the case (facts and procedural history). | | | |
|  | (The statement should be a concise summary because the decisions of the lower courts are available to the Supreme Court.) | | | |
|  | 4. A brief argument in support of petition. | | | |
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| (The petitioner shall identify and address the critical portion of the Court of Appeals  decision and the reasons why review should be granted.) | | | | |
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| For these reasons, the petitioner seeks an order granting review of the decision of the Court of Appeals. | | | | |
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| DATED: | |  | |  |
|  | |  | |  |
| NAME OF [PETITIONER] AND ATTORNEY (IF APPLICABLE), ADDRESS (INCLUDING ZIP CODE), TELEPHONE NUMBER, EMAIL ADDRESS (IF AVAILABLE) | | | | |
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|  | | | |  |
| SIGNATURE [OF PETITIONER, OR ATTORNEY IF REPRESENTED] | | | | |
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| (The content requirements of the petition are found in RCAP 117. The rule emphasizes that Supreme Court review is discretionary. The decision of the Court of Appeals must be attached as an addendum. The petition shall not exceed 5 typewritten pages, exclusive of addendum.) | | | | |