

FORM 105. PETITION FOR DISCRETIONARY REVIEW

STATE OF MINNESOTA
IN COURT OF APPEALS

CASE TITLE:

Petitioner, PETITION FOR DISCRETIONARY REVIEW

vs. DISTRICT COURT CASE NUMBER:

Defendant. DATE OF FILING ORDER:

TO: The Court of Appeals of the State of Minnesota:

The petitioner (name) requests discretionary review of the (date) order of the
_____ Court.

1. Statement of facts necessary to an understanding of the issues presented.
2. Statement of the Issues.
3. Statement of why immediate review of interlocutory or otherwise nonappealable order necessary.

WHEREFORE, the petitioner requests an order of the court granting the petition for discretionary review.

DATED:

NAME [OF PARTY APPEALING] AND ATTORNEY (IF APPLICABLE), ADDRESS (INCLUDING ZIP CODE), TELEPHONE NUMBER, EMAIL ADDRESS (IF AVAILABLE), AND ATTORNEY REGISTRATION LICENSE NUMBER (IF APPLICABLE).

SIGNATURE [OF APPELLANT, OR ATTORNEY IF REPRESENTED]

(The content requirements of the petition for discretionary review are found in RCAP 105. A memorandum of law and pertinent lower court documents should be attached to the petition. The submission and the requirements for filing, form and the number of copies are contained in RCAP 105.02.)