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| **FORM 115A. PETITION FOR WRIT OF CERTIORARI** | | | | |
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| STATE OF MINNESOTA | | | | |
| IN COURT OF APPEALS | | | | |
|  | | |  | |
| CASE TITLE: | | |  | |
|  | | |  | |
| Petitioner, | | | PETITION FOR WRIT OF CERTIORARI | |
|  |  | |  | |
|  | vs. | | APPELLATE COURT CASE NUMBER:  [TO BE ADDED BY CLERK] | |
|  |  | |
| Respondent, | | |  | |
|  | | | (AGENCY OR BODY) NUMBER: | |
|  |  | |  | |
| (Agency or Body), | | | DATE OF DECISION: | |
| Respondent. | | |  | |
|  | | | DATE AND DESCRIPTION OF EVENT TRIGGERING APPEAL TIME (for example, mailing of decision, receipt of decision, or receipt of other notice): | |
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| TO: | The Court of Appeals of the State of Minnesota: | | | |
|  |  | |  | |
| The above-named petitioner hereby petitions the Court of Appeals for a Writ of Certiorari to review a decision of the (agency or body) issued on the date noted above, upon the grounds that (specify grounds and statute authorizing certiorari review). | | | | |
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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] | | | | |
|  | |  | |  |
| (The procedure for obtaining a writ of certiorari from the Court of Appeals is set forth in the applicable statutes and in RCAP 115. The applicable statutes prescribe the subject matter of writs in the Court of Appeals, time limitations, and requirements for service. The rule prescribes the manner of securing a writ, contents of the petition, bonds, filing and fees, and preparation of the record. A completed statement of the case must accompany the petition. RCAP 133.03. | | | | |
| The date of the event that triggered the appeal period must be indicated on the petition. The nature of this event varies, depending on the requirements of the statute authorizing certiorari review in the Court of Appeals. See RCAP 115 comment.) | | | | |