

**THE COURT OF APPEALS
OF THE STATE OF NEW MEXICO**

FORMS FOR SELF-REPRESENTED LITIGANTS

CIVIL APPEALS

New Mexico Court of Appeals

WELCOME TO THE NEW MEXICO COURT OF APPEALS!

THE COURT OF APPEALS STRONGLY ENCOURAGES YOU TO GET A LAWYER TO HELP YOU WITH YOUR APPEAL. IF YOU DECIDE TO HANDLE YOUR OWN APPEAL, YOU MAY USE THE FORMS ATTACHED TO THIS INFORMATION SHEET. THE FORMS ARE DESIGNED TO HELP YOU PROVIDE THE COURT WITH THE INFORMATION IT NEEDS TO DECIDE YOUR APPEAL.

HOW TO FILL OUT THE FORMS: You must either type or word process the attached forms. The Court of Appeals will not accept hand-written forms or documents. If you do not have access to a typewriter or word processor, your local public library may be able to help you find a typewriter or word processor to use free of charge.

WHERE TO FILE THE FORMS: You may file your forms in person, by mail, or by fax. If you decide to file your forms in person, you should go to either of the following Court of Appeals Clerk's Offices:

Santa Fe Office

237 Don Gaspar
Santa Fe, NM 87503
1-505-827-4925

Albuquerque Office

1117 Stanford NE
Albuquerque, NM 87131
1-505-841-4618

Court Hours

Monday through Friday
8 a.m. to 12 noon and 1 p.m. to 5 p.m.

If you decide to file your forms **by mail**, you should mail the completed forms to P.O. Box 2008 Santa Fe New Mexico 87504.

If you decide to file your forms **by fax**, you may call 827-4946 (Santa Fe) or 841-4614 (Albuquerque)

WHEN TO FILE AND WHAT TO FILE: On the next page you will find a time line explaining how an appeal flows through the Court of Appeals on the summary calendar. If your case is assigned to a nonsummary calendar, the Court will provide you with further information about how to process your appeal. The time line tells you what form needs to be filed and when it needs to be filed. **Important Reminder!** When you file your docketing statement, you will need to pay a filing fee of \$125. If you cannot pay the fee, you should file a motion for free process with the Court. In general, you will not have to pay other fees to the Court of Appeals when filing forms after the docketing statement. However, you will need to pay the district court clerk for the cost of preparing the record proper.

WHERE TO GET OTHER HELP: If you have other questions, you should call the Clerk's Office. The Clerk's Office also has personnel available to answer questions in Spanish. If you would like to find a lawyer, you should call the Lawyers Care Referral Program of the State Bar of New Mexico at 797-6066 or 1-800-876-6227. You should also read the New Mexico Rules of Appellate Procedure. The Supreme Court Law Library in Santa Fe (827-4850) or the UNM School of Law Library in Albuquerque (277-6236) can help you find a copy of the rules.

You can download a chart showing how cases progress through the various stages of an appeal. The chart is under the tab “Court Info” and it is called “Timeline.”

You must type the information required in the blank spaces below. File this sheet with the Court of Appeals. It should be sent to the Court with your Docketing Statement. File an updated sheet whenever the information on the sheet changes (for example, if your address changes.) If you need more space for parties or attorneys, please use page two.

IN THE COURT OF APPEALS OF THE STATE OF NEW MEXICO

CASE INFORMATION SHEET

<p>(Space for Case Number issued by the Court of Appeals) LEAVE BLANK</p>	<p>(Space for file stamp) LEAVE BLANK</p>
<p>1. Case Caption: <i>What was the name of the case as shown on the order you are appealing from?</i></p>	<p>2. District Court Case No.:</p> <hr/> <p>3. County of :</p> <hr/> <p>4. Name of the District Court Judge:</p> <hr/>
<p>5. Appellant(s): <i>Enter your name(s), address(es), and telephone number(s):</i></p>	<p>6. <i>If you have or had an attorney, enter your attorney's name, address, and telephone number:</i></p>
<p>7. Appellee(s): <i>Enter the name(s), address(es) and telephone number(s) of the opposing party.</i></p>	<p>8. <i>If the opposing party has or had an attorney, enter the name, address and telephone number of that attorney:</i></p>

9. Did you file a Notice of Appeal? Yes _____ No _____

10. If yes, where did you file it?: _____

11. When did you file it?: _____

PLEASE ATTACH A COPY

Appellant(s) Names	Attorney's Name and Address	Attorney's Telephone Number
Appellee(s) Names	Attorney's Name and Address	Attorney's Telephone Number

If the District Court has granted you free process, provide the Court of Appeals with the District Court's Order. If you do not have a District Court order granting free process, you must either pay the filing fee or file the following APPLICATION with the Court of Appeals.

Sign the form and have it notarized.

THE COURT OF APPEALS OF THE STATE OF NEW MEXICO

Name of Plaintiff/Petitioner,

Court of Appeals Case No. _____

vs.

District Court Case No. _____

Name of Defendant/Respondent.

_____ /

**APPLICATION FOR FREE PROCESS
AND AFFIDAVIT OF INDIGENCY**

I request that the Court enter an order permitting me to file this case without prepayment of fees and costs, and give upon my oath or affirmation the following statement:

My marital status is (check one): Single Married Divorced

Separated Widowed

Are you currently living in an institution, for example, a correctional facility, where you do not have to pay for your usual living expenses? (check one)

Yes

No

INFORMATION ABOUT MY FINANCES (Check all that apply to you and fill in the blanks):

A. PUBLIC ASSISTANCE

1. I do not receive public assistance (If you check this blank, go directly to Section B. EMPLOYMENT/UNEMPLOYMENT).

2. I currently receive the following public assistance in _____ County (please check all applicable public assistance programs):

Temporary Assistance for Needy Families (TANF)

Food Stamps

Medicaid

General Assistance (GA)

Supplemental Security Income (SSI)

Social Security Disability Income (SSDI)

Public Housing

Disability Security Income (DSI)

Department of Health Case Management Services (DHMS)

Other (please describe): _____.

B. EMPLOYMENT/UNEMPLOYMENT

3. I am currently unemployed and have been employed for ____ months in the past year. I am unemployed because _____

1. I receive unemployment benefits in the amount of \$_____ per month.

2. I have no income because I am unemployed.

3. I am employed.

My employer's name, address and phone number is:

I am paid weekly every other week twice a month

once a month. When I am paid my net take-home pay minus deductions required by law, like state and federal tax withholding and FICA, is \$_____.

I am married and my spouse is unemployed and has been unemployed for _____ months in the past year because _____.

My spouse receives unemployment benefits in the amount of \$_____ per month.

I am married, and my spouse is employed.

My spouse's employer's name, address and phone number is:

My spouse is paid weekly every other week twice a month

once a month. When my spouse is paid his or her net take-home pay minus deductions required by law, like state and federal tax withholding and FICA, is \$_____.

C. OTHER SOURCES OF INCOME

I have income from another source not mentioned above.

9 Child Support \$ _____ 9 Alimony \$ _____

9 Investments \$ _____

9 Community property from my spouse \$ _____

9 Other _____ \$ _____

9 I do not have any other sources of income.

9 I am married, and my spouse has income from another source not mentioned above.

9 Child Support \$ _____ 9 Alimony \$ _____

9 Investments \$ _____

9 Other _____ \$ _____

9 Other _____ \$ _____

9 I am married, and my spouse does not have any other sources of income.

D. OTHER ASSETS (Please list other assets owned by you or your spouse that can be turned into cash. Do not include money you have in retirement accounts.)

9 Cash on hand \$ _____

9 Bank Accounts \$ _____

9 Income tax refund \$ _____

9 Other assets (describe below):

_____ \$ _____

IF YOU DO NOT HAVE ACCESS TO YOUR OWN OR YOUR SPOUSE'S INCOME OR ASSETS, EXPLAIN WHY.

E. MONTHLY EXPENSES

9 House Payment/Rent	\$_____	9 Utilities	\$_____
9 Telephone	\$_____	9 Gasoline	\$_____
9 Groceries (after food stamps)	\$_____	9 Car Payment(s)	\$_____
9 Insurance	\$_____	9 Child Care	\$_____
9 Student & Consumer Loans			\$_____
9 Court-ordered family support obligations			\$_____
9 Other court-ordered payments			\$_____
9 Medical expenses			\$_____
9 Other _____			\$_____

F. HOUSEHOLD

I live at: _____

and the head of the household is: _____.

Other than myself, the other members of the household are:

<u>Name</u>	<u>Age</u>	<u>Employment</u>	<u>I Support</u>
_____	_____	_____	9
_____	_____	_____	9
_____	_____	_____	9
_____	_____	_____	9
_____	_____	_____	9
_____	_____	_____	9

This statement is made under oath. I hereby state that the above information regarding my financial condition is correct to the best of my knowledge. I hereby authorize the Court to obtain information from financial institutions, employers, relatives, the federal internal revenue service and other state agencies. If at any time the Court discovers that information in this application for free process was false, misleading, inaccurate, or incomplete at the time the application was submitted, the Court may require me to pay for any costs or fees that were waived under an order of free process that was granted based on the information in this application.

(Signature)

(Print Name)

9Petitioner(Pro Se) **9**Respondent (Pro Se)

(Street Address)

(City, State, Zip Code)

(Telephone)

State of _____)
) ss
County of _____)

Signed and sworn to (or affirmed) before me on _____
(Date)

by _____.
(Name of applicant)

(Notary)

My commission expires: _____

THE COURT OF APPEALS OF THE STATE OF NEW MEXICO

Name of Plaintiff/Petitioner,

vs.

Court of Appeals No. _____
District Court No. _____

Name of Defendant/Respondent.

_____ /

ORDER ON APPLICATION FOR FREE PROCESS

THIS MATTER having come before the Court upon Application for Free Process and Affidavit of Indigency, and the Court being otherwise advised in the premises, **FINDS that:**

- 9 the applicant receives public assistance and is, therefore, entitled to free process.
- 9 the applicant’s annual income does not exceed one hundred and fifty percent (150%) of the federal poverty guidelines, and the applicant is, therefore, entitled to free process.
- 9 on the basis of the applicant’s available funds or annual income, the applicant is not entitled to free process.

THE COURT HEREBY ORDERS that:

- 9 the filing fee is waived and free process is **GRANTED.**
- 9 free process is **DENIED.**

Free process includes the filing fee, and the cost for preparation of the record proper, transcript, tapes, compact discs, and logs to enable this Court to process the appeal.

Unless specifically granted above, this order of free process does not include the following costs: mailings, long distance charges, duplication fees for audiotapes or compact discs for your use, copy charges, or facsimile services. If the applicant prevails in this law suit and collects money by judgment or settlement, the Court is to be reimbursed for any waived costs. **This order is subject to revision, modification or rescission by the panel assigned to your case.**

Judge or Chief Clerk

This is a Notice of Appeal for a CIVIL APPEAL to the New Mexico Court of Appeals. You must type or word process all of the information required on this form.

STATE OF NEW MEXICO

_____ **JUDICIAL DISTRICT COURT** *(insert District Court)*
COUNTY OF _____ *(insert County)*

_____,
(full name(s) of the petitioner or plaintiff)

Petitioner _____ Plaintiff _____ *(check one),*

vs.

District Court Number: _____ *(complete District Court Number)*

District Court Judge: _____
(Name of Judge)

_____,
(full name(s) of the respondent or defendant)

Respondent _____ Defendant _____ *(check one).*

NOTICE OF APPEAL

5. The party appealing is: _____.
(Your full name)

6. I am appealing against _____.
(Enter the name(s) of the party (or parties) you are appealing against.)

7. I am appealing the orders or judgments listed below: *(Attach copies of these orders/judgments to this Notice.)*

1. Date of Order/Judgment _____
2. Date of Order/Judgment _____
3. Date of Order/Judgment _____
4. Date of Order/Judgment _____

8. I am appealing to the New Mexico Court of Appeals.

9. If you will have counsel on appeal, enter your attorney's full name and address here:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Sign this form below. File it in the District Court. Be sure you attach an affidavit of service.

Respectfully submitted:

Sign your name:

Print or type your name:

Your address:

City, State, Zip Code:

—

Telephone Number:

You must type or word process all of the information required on this form.

AFFIDAVIT OF SERVICE FOR NOTICE OF APPEAL IN A CIVIL APPEAL

_____ (*your full name*), being duly sworn upon his or her oath or affirmation, hereby declares under penalty of perjury that he or she [mailed] [personally delivered] (*circle or underline one of the foregoing - the one that you did*) the foregoing notice of appeal to the following people or entities at the addresses indicated on this _____ day of _____, _____ (*put the date you mailed or delivered the notice of appeal*)

The following spaces are for the names and addresses of the people you are required to mail or deliver the notice of appeal to. You must fill them all in. The district court clerk or the judge's secretary may be able to help you with these names and addresses.

Clerk of the New Mexico Court of Appeals
P.O. Box 2008
Santa Fe, NM 87504-2008

_____ (*name of the trial judge*)
_____ (*street or P.O. address of the trial judge*)
_____ (*city, state and zip code of trial judge*)

_____ (*name of opposing counsel*)
_____ (*street or P.O. address of opposing counsel*)
_____ (*city, state and zip code of opposing counsel*)

_____ (*name of the court reporter or monitor*)
_____ (*street or P.O. address of court reporter or monitor*)
_____ (*city, state and zip code of court reporter or monitor*)

(*Sign your name in front of Notary Public*)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

You must type or word process all of the information required on this form.

AFFIDAVIT OF SERVICE FOR NOTICE OF APPEAL IN A CIVIL APPEAL INVOLVING CHILD ABUSE AND NEGLECT OR THE TERMINATION OF PARENTAL RIGHTS

_____ (*your full name*), being duly sworn upon his or her oath or affirmation, hereby declares under penalty of perjury that he or she [mailed] [personally delivered] (*circle or underline one of the foregoing - the one that you did*) the foregoing notice of appeal to the following people or entities at the addresses indicated on this _____ day of _____, _____. (*Put the date you mailed or delivered the notice of appeal*)

The following spaces are for the names and addresses of the people you are required to mail or deliver the notice of appeal to. You must fill them all in. The district court clerk or the judge's secretary may be able to help you with these names and addresses.

Clerk of the New Mexico Court of Appeals
P.O. Box 2008
Santa Fe, NM 87504-2008

Legal Services Bureau
Human Services Department
P.O. Box 2348
Santa Fe, NM 87504-2348

_____ (*name of the trial judge*)
_____ (*street or P.O. address of the trial judge*)
_____ (*city, state, zip code of the trial judge*)

_____ (*name of opposing counsel*)
_____ (*street or P.O. address of opposing counsel*)
_____ (*city, state, zip code of opposing counsel*)

_____ (*name of the court reporter or monitor*)
_____ (*street or P.O. address of the court reporter or monitor*)
_____ (*city, state, zip code of the court reporter or monitor*)

_____ (*name of the guardian ad litem*)
_____ (*street or P.O. address of the guardian ad litem*)
_____ (*city, state, zip code of the guardian ad litem*)

(*Sign your name here in front of a Notary Public*)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

This is a Notice of Appeal for a WORKERS' COMPENSATION APPEAL to the New Mexico Court of Appeals. You must type or word process all of the information required on this form. File a Case Information Sheet with this Notice of Appeal. File the original of this Notice of Appeal with the Court of Appeals.

IN THE COURT OF APPEALS OF THE STATE OF NEW MEXICO

_____,
(full name of the worker)

Worker-Appell _____,

vs.

Court of Appeals Number: _____
(LEAVE BLANK)

WCA Number: _____
(complete WCA Number)

WCA Judge: _____
(Name of Judge)

_____,
(full name(s) of the Employer/Insurance Company)

Employer-Appell _____,

Insurer-Appell _____,

NOTICE OF APPEAL

1. The party appealing is: _____.
(Your full name)

2. I am appealing against _____.
(Enter the name(s) of the party (or parties) you are appealing against.)

3. I am appealing the orders or judgments listed below: *(Attach copies of these orders/judgments to this Notice.)*

(1) Date of Order/Judgment _____

(2) Date of Order/Judgment _____

(3) Date of Order/Judgment _____

4. I am appealing to the New Mexico Court of Appeals.
5. If you will have counsel on appeal, enter your attorney's full name and address here:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Sign this form below. Be sure you attach an affidavit of service.

Respectfully submitted:

Sign your name: _____

Print or type your name: _____

Your address: _____

City, State, Zip Code: _____

Telephone Number: _____

You must type or word process all of the information required on this form.

AFFIDAVIT OF SERVICE FOR NOTICE OF APPEAL IN A WORKERS' COMPENSATION APPEAL

_____ (your full name), being duly sworn upon his or her oath or affirmation, hereby declares under penalty of perjury that he or she [mailed] [personally delivered] (circle or underline one of the foregoing - the one that you did) the foregoing notice of appeal to the following people or entities at the addresses indicated on this _____ day of _____, _____ (put the date you mailed or delivered the notice of appeal)

The following spaces are for the names and addresses of the people you are required to mail or deliver the notice of appeal to. You must fill them all in. The WCA clerk or the judge's secretary may be able to help you with these names and addresses.

CLERK OF COURT
WORKERS' COMPENSATION ADMINISTRATION
P.O. BOX 27198
ALBUQUERQUE, NM 87106

_____ (name of the WCA judge)
_____ (street or P.O. address of the WCA judge)
_____ (city, state and zip code of WCA judge)

_____ (name of opposing counsel)
_____ (street or P.O. address of opposing counsel)
_____ (city, state and zip code of opposing counsel)

_____ (name of the court reporter or monitor)
_____ (street or P.O. address of court reporter or monitor)
_____ (city, state and zip code of court reporter or monitor)

(Sign your name in front of Notary Public)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

This is an Informal Docketing Statement for a CIVIL APPEAL to the New Mexico Court of Appeals. You must type or word process all the information required on this form. If you need to use extra pages, you must type or word process them. Attach a Case Information Sheet as the first page or pages of the docketing statement. File the original of this Docketing Statement with the Court of Appeals.

INFORMAL DOCKETING STATEMENT (CIVIL)

1. What order(s) of the trial court are you appealing?
2. What is the date that is file-stamped on the order(s)?
3. Did you file a notice of appeal in the district court? Yes ___ No_____ (*If the answer is yes, please state which District Court and the date that is file-stamped on the notice of appeal*)
4. Please state why the Plaintiff(s) sued the Defendant(s).

5. Do you think the trial court made any mistakes? Yes ___ No_____ (If you answered yes, please list each mistake below in numerical order.)

6. For each mistake listed in Question 5, using the same numerical order, please describe how you told the trial court it made a mistake. If you did not alert the trial court to a mistake you think it made, please tell us why.

7. Do you know of any case law, statutes, rules, constitutional provisions, or other legal authority that would support your claim that the trial court made mistakes? Yes ___ No_____. If you answered yes, please list those authorities below along with a short explanation of what you think the case, statute, or other legal authority means.

8. In addition to the mistakes you listed above, are there any other reasons why you are appealing? Yes ___ No____ If you answered yes, please tell us your other reasons for appealing and describe how you told the trial court it made a mistake.

9. What action do you want the Court of Appeals to take?

10. Were all of the proceedings in the trial court tape recorded? Yes ___ No____. If you answered no, please tell us which hearings or which days of the trial were not tape recorded.

11. Have you filed any other appeals related to this case? Yes _____ No_____. If you answered yes, please tells us the names and case numbers for those appeals.

12. Do you know if anyone else involved in this case has filed an appeal related to this case? Yes ___ No____ If you answered yes, please tell us the names and case numbers for those appeals.

Sign your name: _____

Be sure you attach an affidavit of service.

Be sure to pay the filing fee or file an Application and Order for Free Process.

You must type or word process the information required on this form.

AFFIDAVIT OF SERVICE FOR INFORMAL DOCKETING STATEMENT (CIVIL)

_____ (*your full name*), being duly sworn upon his or her oath or affirmation, hereby declares under penalty of perjury that he or she [mailed] [personally delivered] (*circle or underline one of the foregoing - the one that you did*) the foregoing docketing statement to the following people or entities at the addresses indicated on this _____ day of _____, _____. (*put the date you mailed or delivered the docketing statement*).

The following spaces are for the names and addresses of the people you are required to mail or deliver the docketing statement to. You must fill them all in. The district court clerk or the judge's secretary may be able to help you with these names and addresses.

District Court Clerk

_____ (*street or P.O. address of district court clerk*)
_____ (*city, state, and zip code of district court clerk*)

_____ (*name of trial judge*)
_____ (*street or P.O. address of trial judge*)
_____ (*city, state, and zip code of trial judge*)

_____ (*name of opposing counsel*)
_____ (*street or P.O. address of opposing counsel*)
_____ (*city, state, and zip code of opposing counsel*)

_____ (*name of court reporter or tape monitor*)
_____ (*street or P.O. address of reporter or monitor*)
_____ (*city, state, and zip code of reporter or monitor*)

(*Sign your name in front of a Notary Public*)

Subscribed and sworn to before me this ____ day of _____, _____.

Notary Public

My commission expires:

This is an Informal Memorandum in Opposition to a Notice of Proposed Disposition for a CIVIL APPEAL to the New Mexico Court of Appeals. You must type or word process all of the information required on this form. If you need to use extra pages, you must type or word process them. File the original of this Memorandum in Opposition with the Court of Appeals.

IN THE COURT OF APPEALS OF THE STATE OF NEW MEXICO

Please fill out the following caption exactly as it appears on the notice of proposed disposition.

Plaintiff-Appell____,

vs.

Ct. App. No. _____

Defendant-Appell_____.

INFORMAL MEMORANDUM IN OPPOSITION TO SUMMARY DISPOSITION (CIVIL)

On _____, _____(the date stamped on the notice of proposed disposition), this Court proposed summary _____(put the type of disposition proposed). _____(tell us whether you are the Plaintiff or the Defendant) opposes this proposed disposition for the following reasons.

Explain the reasons why you disagree with the Court's reasons in its Notice of Proposed Disposition. For each issue shown below, please answer the following questions:

- 1. Did the Court of Appeals misunderstand or overlook any facts that are relevant to the issue(s) discussed in the notice of proposed summary disposition? If yes, please explain.*
- 2. Did the Court of Appeals misunderstand or overlook any laws that are relevant to the issues discussed in the notice of proposed summary disposition? If yes, please explain.*
- 3. Did the Court of Appeals request more information from you for this issue(s)? If yes, please respond.*
- 4. Are there any other reasons why you believe the disposition proposed by the Court of Appeals is incorrect for this issue(s)? If yes, please explain.*

If the Notice of Proposed Disposition has listed more than one issue, the issues will be numbered or lettered. You should list each issue in the same way the Court has and respond to each issue that you think the Court' proposal is mistaken about.

Issue _____:

Issue _____:

Issue _____:

Respectfully submitted,

Sign your name:

Type your name:

Your address:

City, State, Zip Code

Telephone Number: _____

Be sure you attach an affidavit of service.

You must type or word process all of the information required on this form.

AFFIDAVIT OF SERVICE FOR MEMORANDUM IN OPPOSITION TO NOTICE OF PROPOSED DISPOSITION FOR A CIVIL APPEAL

_____ (*your full name*), being duly sworn upon his or her oath or affirmation, hereby declares under penalty of perjury that he or she [mailed] [personally delivered] (*circle or underline one of the foregoing - the one that you did*) the foregoing memorandum in opposition to the following people or entities at the addresses indicated on this _____ day of _____, _____. (*put the date you mailed or delivered the memorandum in opposition*).

The following spaces are for the names and addresses of the people you are required to mail or deliver the memorandum in opposition to. You must fill them all in. The district court clerk or the judge's secretary may be able to help you with these names and addresses.

_____ (*name of opposing counsel*)
_____ (*street or P.O. address of opposing counsel*)
_____ (*city, state, zip code of opposing counsel*)

(*Sign your name here in front of a Notary Public*)

Subscribed and sworn to before me this _____ day of _____, _____.

My commission expires:

Notary Public

This is a Motion for Rehearing to the New Mexico Court of Appeals. You must type or word process all of the information required on this form. If you need to use extra pages, you must type or word process them. File the original of this Motion for Rehearing with the Court of Appeals.

IN THE COURT OF APPEALS OF THE STATE OF NEW MEXICO

Copy the caption of the case in the spaces below exactly as it appears on the Court's opinion:

_____ ,

_____ ,

vs.

Ct. App. No. _____

_____ ,

_____ .

MOTION FOR REHEARING

_____ (your full name) moves for rehearing in this case on the grounds that the Court overlooked or misunderstood the following points of law or fact.

Explain each of the points of law or fact that you think the Court overlooked or misunderstood. A motion for rehearing is not a time to reargue your case. If the Court was simply wrong or if you simply disagree with the Court's opinion, you may ask the Supreme Court to take your case. You have twenty (20) days from the date file-stamped on the opinion to take your case to the Supreme Court by filing a petition for writ of certiorari with the clerk of the Supreme Court. A motion for rehearing is appropriate only if the Court overlooked or misunderstood something. You should be brief and list by number the points overlooked or misunderstood.

1.

2.

3.

4.

5.

Respectfully submitted,

Sign your name: _____
Type your name: _____
Your address: _____
City, State, Zip Code: _____
Telephone number: _____

Be sure you attach an affidavit of service.

You must type or word process all of the information required on this form.

AFFIDAVIT OF SERVICE FOR MOTION FOR REHEARING

_____ (*your full name*), being duly sworn upon his or her oath or affirmation, hereby declares under penalty of perjury that he or she [mailed] [personally delivered] (*circle or underline one of the foregoing - the one that you did*) the foregoing motion for rehearing to the following people or entities at the addresses indicated on this ____ day of _____, _____ (*put the date you mailed or delivered the motion for rehearing*).

The following spaces are for the names and addresses of the people you are required to mail or deliver the motion for rehearing to. You must fill them all in.

_____ (*name of opposing counsel*)
_____ (*street or P.O. address of opposing counsel*)
_____ (*city, state, and zip code of opposing counsel*)

[and]

(use the space below for the names, street or P.O. addresses, and city, state, and zip codes of opposing counsel if there are more than one)

(Sign your name here in front of a Notary Public)

Subscribed and sworn to before me this ____ day of _____, _____.

Notary Public

My commission expires:

This is a Motion for Extension if you need more time to complete an action on appeal. You must file the original of this form with the Court of appeals. You must type or word process all of the information required on this form.

IN THE COURT OF APPEALS OF THE STATE OF NEW MEXICO

_____,
(full name(s) of the petitioner or plaintiff)

Petitioner _____ Plaintiff _____ (check one)

Court of Appeals Number: _____
(the Court of Appeals Number)

vs.

District Court Number: _____
(the complete District Court Number)

_____,
(full name(s) of the respondent or defendant)

Respondent _____ Defendant _____ (check one).

MOTION FOR EXTENSION OF TIME

1. _____ (your full name) requests an extension of time to file the following documents or items.
2. The amount of time I need is _____ days or until _____, (Insert specific date) The document or item is currently due to be filed on _____.
3. The document or item that I need an extension on is: (check the correct box)
 - Docketing Statement
 - Record Proper
 - Memorandum in Response to Notice of Proposed Disposition
 - Tapes or Transcript
 - Exhibits
 - Brief in Chief
 - Answer Brief
 - Reply Brief
 - Motion for Rehearing
 - Other: (describe) _____

4. The reason that I need an extension is: *(be specific)*

5. Opposing counsel agrees or does not agree with this motion for extension.

Respectfully submitted:

Sign your name: _____

Type your name: _____

Your address: _____

City, State, Zip Code: _____

—
Telephone Number: _____

Be sure you attach an affidavit of service.

You must type or word process all of the information required on this form.

AFFIDAVIT OF SERVICE FOR MOTION FOR EXTENSION

_____ (*your full name*), being duly sworn upon his or her oath or affirmation, hereby declares under penalty of perjury that he or she [mailed] [personally delivered] (*circle or underline one of the foregoing - the one that you did*) the foregoing motion for extension to the following people or entities at the addresses indicated on this _____ day of _____, _____. (*put the date you mailed or delivered the motion for extension*)

The following spaces are for the names and addresses of the people you are required to mail or deliver the motion for extension to. You must fill them all in. The district court clerk or the judge's secretary may be able to help you with these names and addresses.

_____ (*name of opposing counsel*)
_____ (*street or P.O. address of opposing counsel*)
_____ (*city, state, zip code of opposing counsel*)

_____ (*name of other counsel or party*)
_____ (*street or P.O. address of other counsel or party*)
_____ (*city, state, zip code of other counsel or party*)

(*Sign your name here in front of a Notary Public*)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

You must type or word process all of the information required on this form. This must be filed with the District Court by appellant within fifteen days of service of the assignment of the case to a General Calendar. Serve copies on the other parties to the case.

If appellee believes other portions of the transcript are necessary, appellee may use this form to designate additional portions of transcript within fifteen days of appellant's filing of this form.

STATE OF NEW MEXICO
JUDICIAL DISTRICT COURT (insert District Court)
COUNTY OF _____ (insert County)

Court of Appeals Number: _____
District Court Number: _____ (complete District Court Number)

_____,
(full name(s) of the petitioner or plaintiff)

Petitioner _____ Plaintiff _____ (check one),

vs.

_____,
(full name(s) of the respondent or defendant)

Respondent _____ Defendant _____ (check one).

**DESIGNATION OF PROCEEDINGS
TO BE INCLUDED IN THE TRANSCRIPT ON APPEAL**

_____ (your full name) designates the following stenographic transcripts from the hearings shown.

Type of Hearing	Date Held	Judge
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____

Respectfully submitted:

Sign your name: _____

Type your name: _____

Your address: _____

City, State, Zip Code: _____

Telephone Number: _____

Be sure you attach an affidavit of service.

You must type or word process all of the information required on this form.

AFFIDAVIT OF SERVICE FOR DESIGNATION OF TRANSCRIPT OF PROCEEDINGS

_____ (*your full name*), being duly sworn upon his or her oath or affirmation, hereby declares under penalty of perjury that he or she [mailed] [personally delivered] (*circle or underline one of the foregoing - the one that you did*) the foregoing designation of transcript to the following people or entities at the addresses indicated on this _____ day of _____, _____. (*Put the date you mailed or delivered the designation of transcript*)

The following spaces are for the names and addresses of the people you are required to mail or deliver the designation of transcript of proceedings to. You must fill them all in. The district court clerk or the judge's secretary may be able to help you with these names and addresses.

_____ (*name of opposing counsel*)
_____ (*street or P.O. address of opposing counsel*)
_____ (*city, state, zip code of opposing counsel*)

_____ (*name of other counsel or party*)
_____ (*street or P.O. address of other counsel or party*)
_____ (*city, state, zip code of other counsel or party*)

(*Sign your name here in front of a Notary Public*)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

You must type or word process all of the information required on this form. This must be signed by the Court Reporter and filed with the District Court within fifteen days of the designation of transcript. Serve copies on the other parties to the case.

STATE OF NEW MEXICO

JUDICIAL DISTRICT COURT *(insert District Court)*

COUNTY OF _____ *(insert County)*

Court of Appeals Number: _____

District Court Number: _____ *(complete District Court Number)*

(full name(s) of the petitioner or plaintiff)

Petitioner _____ Plaintiff _____ *(check one),*

vs.

(full name(s) of the respondent or defendant)

Respondent _____ Defendant _____ *(check one)*

CERTIFICATE OF SATISFACTORY ARRANGEMENTS

The undersigned hereby certifies that satisfactory arrangements have been made for the payment of costs of the preparation of that portion of the transcript of proceedings requested by

_____ *(your full name).*

Signature of Court Reporter

Be sure you attach an affidavit of service.

You must type or word process all of the information required on this form.

AFFIDAVIT OF SERVICE FOR CERTIFICATE OF SATISFACTORY ARRANGEMENTS

_____ (*your full name*), being duly sworn upon his or her oath or affirmation, hereby declares under penalty of perjury that he or she [mailed] [personally delivered] (*circle or underline one of the foregoing - the one that you did*) the foregoing certificate of satisfactory arrangements to the following people or entities at the addresses indicated on this _____ day of _____, _____. (*Put the date you mailed or delivered the certificate of satisfactory arrangements*)

The following spaces are for the names and addresses of the people you are required to mail or deliver the certificate of satisfactory arrangements to. You must fill them all in. The district court clerk or the court reporter may be able to help you with these names and addresses.

_____ (*name of opposing counsel*)
_____ (*street or P.O. address of opposing counsel*)
_____ (*city, state, zip code of opposing counsel*)

_____ (*name of other counsel or party*)
_____ (*street or P.O. address of other counsel or party*)
_____ (*city, state, zip code of other counsel or party*)

(*Sign your name here in front of a Notary Public*)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

You must type or word process all of the information required on this form. This must be filed with the District Court Clerk by appellant within fifteen days of service of the assignment of the case to a General Calendar. Serve copies on the other parties to the case.

If appellee believes other depositions and documentary exhibits are necessary, appellee may use this form to designate additional depositions and documentary exhibits within fifteen days of appellant's filing of this form.

STATE OF NEW MEXICO

JUDICIAL DISTRICT COURT (insert District Court)
COUNTY OF _____ (insert County)

Court of Appeals Number: _____

District Court Number: _____ (the complete District Court number)

_____,
(full name(s) of the petitioner or plaintiff)

Petitioner _____ Plaintiff _____ (check one),

vs.

_____,
(full name(s) of the respondent or defendant)

Respondent _____ Defendant _____ (check one).

DESIGNATION OF DEPOSITIONS AND/OR DOCUMENTARY EXHIBITS

A. **DEPOSITIONS:** I, _____ (your full name) designate the following depositions.

Deponent's Name _____ Date(s) of Deposition _____

Deponent's Name _____ Date(s) of Deposition _____

Deponent's Name _____ Date(s) of Deposition _____

Deponent's Name _____ Date(s) of Deposition _____

B. **EXHIBITS:** I, _____ (your full name) designate the following documentary exhibits.

Exhibit Number _____ Description of Exhibit _____

Respectfully submitted:

Sign your name: _____
Type your name: _____
Your address: _____
City, State, Zip Code: _____

Telephone Number: _____

Be sure you attach an affidavit of service.