

NEW MEXICO COURT OF APPEALS

FORMS FOR SELF-REPRESENTED LITIGANTS

CIVIL APPEALS

Beginning through Summary Calendar Opinion

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.

YOU MUST FOLLOW THE RULES OF APPELLATE PROCEDURE. *Newsome v. Farer*, 1985-NMSC-096, ¶ 18, 103 N.M. 415, 708 P.2d 327 (“Although pro se pleadings are viewed with tolerance, a pro se litigant, having chosen to represent himself [or herself], is held to the same standard of conduct and compliance with court rules, procedures, and orders as are members of the bar.” (citation omitted)).

HOW TO FILL OUT THE FORMS: You must either type, word process, or neatly print the attached forms. 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.

HOW TO FILE THE FORMS: You may file your forms in person, by mail, or by fax. In person, completed forms can be filed at either of the following Court of Appeals Clerk’s Offices:

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

Albuquerque Office
2211 Tucker NE
Albuquerque, NM 87106
505-841-4618

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

By mail, completed forms should be mailed to: P.O. Box 2008, Santa Fe, NM 87504.

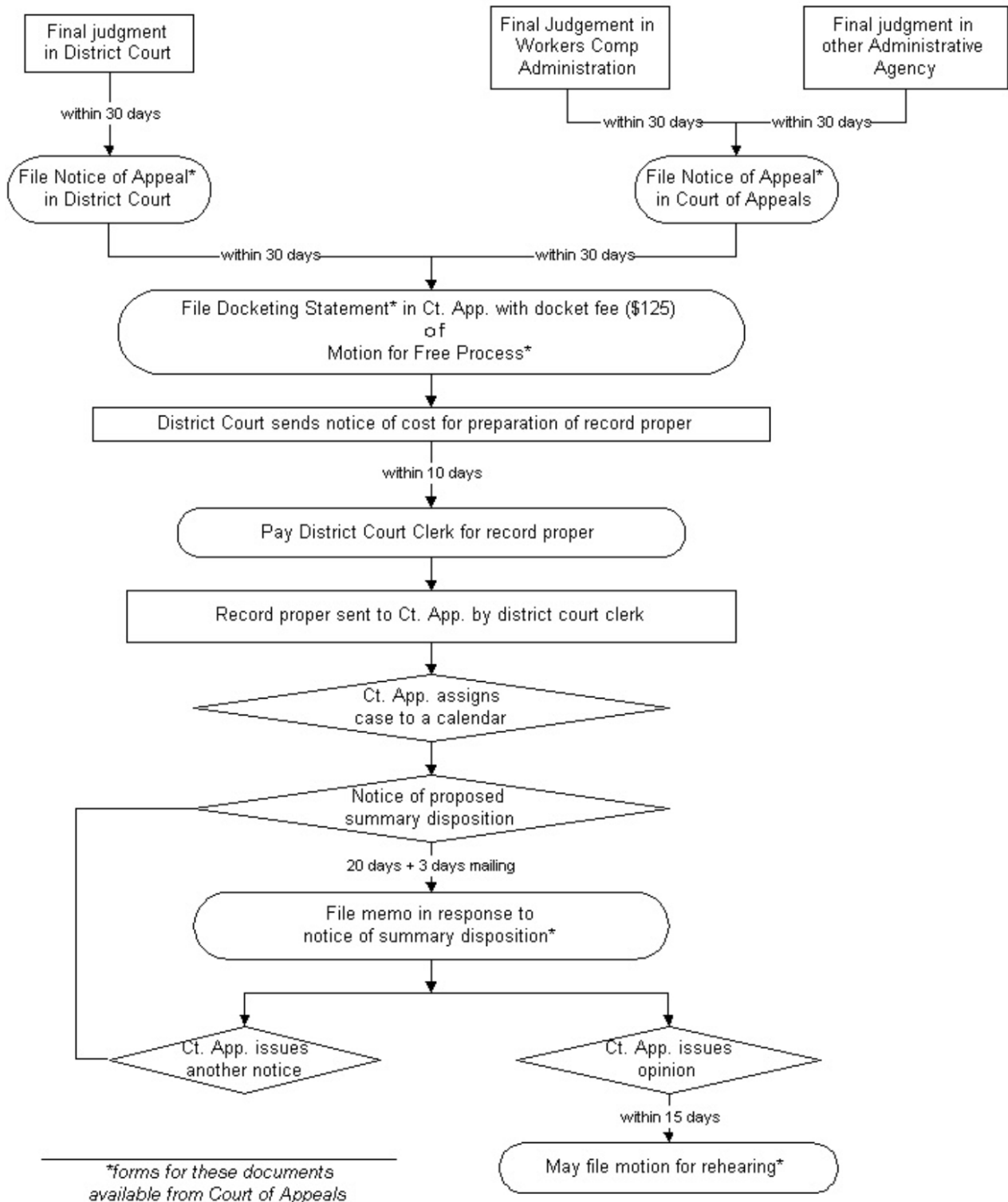
By fax, completed forms should be faxed to 505-827-4946 (Santa Fe) or 505-841-4614 (Albuquerque).

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 non-summary calendar or General 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 open your case by filing the docketing statement or a motion for extension of time to file the docketing statement, you must pay a filing fee of \$125 at that time. If you cannot pay the fee, you must file an application 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 may be responsible for paying the district court for the cost of preparing the Record Proper.

WHERE TO GET OTHER HELP: If you have procedural questions, you should call the Clerk's Office. The Clerk's Office can contact a language interpreter if necessary. If you would like to find a lawyer, you should call the Lawyers Care Referral Program of the State Bar of New Mexico at 505-797-6066 or 1-800-876-6227. **You must also read, be familiar with, and follow the New Mexico Rules of Appellate Procedure.** The Supreme Court Law Library in Santa Fe (505-827-4850) or the UNM School of Law Library in Albuquerque (505-277-6236) can help you find a copy of the rules. The Rules of Appellate Procedure can also be reviewed at the New Mexico Compilation Commission's website at: <https://nmonesource.com>. These Rules are identified as Rules Set 12.

How a Case Flows Through the Court of Appeals on the Summary Calendar



CASE INFORMATION SHEET: This document must be provided to the Court of Appeals 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. You must type, word process, or neatly print information in this form.

IN THE COURT OF APPEALS OF THE STATE OF NEW MEXICO

CASE INFORMATION SHEET

(Case Number---Court use only.) LEAVE BLANK	(File Stamp---Court use only.) LEAVE BLANK
1. Case Caption: (As shown on the order you are appealing from, i.e., names of parties.)	2. District Court Case No.:
3. County:	4. District Court Judge:

5. Appellant(s) (your name(s), address(es), and telephone number(s)):	6. Do you currently have an attorney? Yes _____ No. _____ If you were previously represented by an attorney, provide your most recent attorney's name, address, and telephone number.
7. Appellee(s) (opposing party) (name(s), address(es), and telephone number(s)):	8. If the opposing party has or had an attorney, provide the name, address, and telephone number of that attorney.
9. Did you file a Notice of Appeal? Yes _____ No _____ PLEASE ATTACH A COPY OF YOUR FILE-STAMPED NOTICE OF APPEAL.	10. If yes, where did you file it?

Additional Appellant(s) Names	Attorney's Name and Address	Attorney's Telephone No.

APPLICATION FOR FREE PROCESS: If the District Court has granted you free process in the last 6 months, please 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.

This form must be NOTARIZED. Sign your signature before a notary public. The Court of Appeals Clerk's Office can notarize this form for you. You must have a photo identification card with you upon signing.

THE COURT OF APPEALS OF THE STATE OF NEW MEXICO

_____,

Plaintiff-_____ (Appellee or Appellant),

v.

District Court Number:

District Court Judge:

_____,

Defendant-_____ (Appellee or Appellant).

_____/

**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

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

☐ 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

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

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

___ I have no income because I am unemployed. ___ 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.

____ Child Support \$_____ ____ Alimony \$_____

____ Investments \$_____

____ Community property from my spouse \$_____

___ Other _____ \$ _____

___ I do not have any other sources of income.

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

___ Child Support \$ _____ ___ Alimony \$ _____

___ Investments \$ _____

___ Other _____ \$ _____

___ Other _____ \$ _____

___ 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.)

___ Cash on hand \$ _____

___ Bank Accounts \$ _____

___ Income tax refund \$ _____

___ 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

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

State of _____)
County of _____) ss

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. Sign before a notary public.

(Your Signature)

(Your Printed Name)

Address:_____

City, State, Zip Code: _____

Telephone No.:_____

Signed and sworn to (or affirmed) before me on _____, 20____
by _____(Name of Applicant).

(Notary Public)

My commission expires: _____

NOTICE OF APPEAL: This is a Notice of Appeal for a CIVIL APPEAL to the New Mexico Court of Appeals. You must type, word process, or neatly print all of the information required on this form. THIS FORM IS FILED IN THE DISTRICT COURT. Serve copies on the other parties to the case.

STATE OF NEW MEXICO

_____ **JUDICIAL DISTRICT COURT** (First, Second, etc.)

COUNTY OF _____

_____,

Plaintiff,

v.

District Court Number:

District Court Judge:

_____,

Defendant.

_____/

NOTICE OF APPEAL

The party appealing is:

(Your full name)

I am appealing against (enter the name of the party):

I am appealing the orders or judgments listed below: (Attach copies of the 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_____

I am appealing to the New Mexico Court of Appeals.

If you will have counsel on appeal, enter your attorney's full name and contact information here:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

FILE THIS DOCUMENT IN THE DISTRICT COURT and provide a copy to the Court of Appeals.

(Your Signature)

(Your Printed Name)

Address:_____

City, State, Zip Code: _____

Telephone No.:_____

CERTIFICATE OF SERVICE FOR NOTICE OF APPEAL

I, _____ (your full name), hereby certify that the foregoing NOTICE OF APPEAL has been [mailed] or [personally delivered] (choose one) to the following people or entities at the listed addresses on this _____ day of _____, 20____.

If you are incarcerated and are using the institution's mail system, please complete the following statement: I further hereby certify that this document was deposited in the _____ (name of institution) internal mail system on this _____ day of _____, 20____.

The following are the names and addresses of entities that you are required to serve with the Notice of Appeal by mail or hand delivery:

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

Provide information here about the opposing party/parties or their counsel:

____ (Name of Opposing Counsel/Party)
____ (Street Address or P.O. Box)
____ (City, State, and Zip Code)

____ (Name of Opposing Counsel/Party)
____ (Street Address or P.O. Box)
____ (City, State, and Zip Code)

The following are additional names and addresses that **you must complete, who are also required to receive service** of the Notice of Appeal by mail or hand delivery:

____ (Name of the District Court Judge)
____ (Street Address or P.O. Box)
____ (City, State, and Zip Code)

____ (Name of Court Reporter/Monitor)
____ (Street Address or P.O. Box)
____ (City, State, and Zip Code)

(Your Signature)

(Your Printed Name)

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

DOCKETING STATEMENT: This is a Docketing Statement for a CIVIL APPEAL to the New Mexico Court of Appeals. You must type, word process, or neatly print all of the information required on this form. If you need to use extra pages, you must type or neatly write them. Attach the 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. YOU MUST ALSO PROVIDE A COPY OF THIS DOCUMENT TO THE DISTRICT COURT. Serve copies on the other parties to the case.

THE COURT OF APPEALS OF THE STATE OF NEW MEXICO

_____,

Plaintiff-(Appellee or Appellant),

v.

District Court Number:

District Court Judge:

_____,

Defendant-(Appellee or Appellant).

_____ /

DOCKETING STATEMENT

1. What order are you appealing from? (What is the title of the order and describe what the order did, i.e., issued judgment and/or sentence.)

2. What date was the order filed in the district court? (put in the date that is file stamped on the order) _____. What date was the notice of appeal filed in the district court? (put in the date that is file stamped on the notice of appeal) _____.

Question Nos. 3-4 are designed to help you tell the Court why you are appealing (what you are complaining about), and also tell the Court some other necessary information. List the legal authority (cases, statutes, rules, constitutions) that supports your complaints in “Section 5: Legal Authority.” See Rule 12-208(D)(5) NMRA. The questions usually ask you to tell what you did to complain about things to the district court. If you did not complain, please say so.

3. **Statement of the Facts [Rule 12-208(D)(3) NMRA]:** Tell us why Plaintiff(s) sued Defendant(s) and/or why the first party brought this legal action against the second party. Tell us about all the evidence that was presented. Tell us who testified and summarize the testimony of each witness. Attach additional pages if necessary, referencing “Section 3 Statement of Facts.”

[NOTE TO PRO SE APPELLANT: In this section, you should include *all material facts*. This means all facts that are necessary to explain the issues that are being raised on appeal. This *includes* all facts that *support* the district court’s ruling/order/judgment. It also includes, *as applicable*, any arguments that were made in the district court by either or both parties *pertinent to the issues raised on appeal* and anything the district court may have stated in response to such arguments. This also includes *all* evidence, testimony, and facts that are part of the record below *that are pertinent to the issues raised on appeal*, including those that *support* the district court’s conclusion(s). Pro Se Appellant should be concise and non-repetitive.

Failure to provide this Court with sufficient facts may result in affirmance of the decision below. *See State v. Chamberlain*, 1989-NMCA-082, ¶ 11, 109 N.M. 173, 783 P.2d 483 (holding that the appellant's failure to provide the court with a summary of all the facts material to consideration of an issue on appeal necessitated a denial of relief); *see Thornton v. Gamble*, 1984-NMCA-093, ¶ 18, 101 N.M. 764, 688 P.2d 1268 (stating that "the docketing statement must state all facts material to the issues" and explaining that "[t]his means that the docketing statement should recite any evidence which supports the trial court's findings"); *Loverin v. Debusk*, 1992-NMCA-023, ¶ 3, 114 N.M. 1, 833 P.2d 1182 ("In this court's calendaring system, it is important to have all the facts, including those that support what the trial court did.".)]

4. Statement of the Issues & Statement of Preservation [Rule 12-208(D)(4)

NMRA]: Attach additional pages if necessary, referencing "Section 4 Statement of Issues & Statement of Preservation." Do you think the district court judge made any mistakes?

Yes _____ No _____

If you answered yes, please list each mistake below in numerical order. For each mistake listed, please describe how you told the district court that it made a mistake. If you did not alert the district court to a mistake you think it made, please say so and tell us why.

[NOTE TO PRO SE APPELLANT: In this section, you should state ALL of the issues being raised on appeal. Be short and concise and do not be repetitive. The issues should be stated as legal issues (i.e., the district court erred in . . .). Note that “[g]eneral conclusory statements such as ‘the judgment of the trial court is not supported by the law or the facts’ will not be accepted.” Rule 12-208(D)(4). For each issue, you must also explain how you complained about it to the district court. If you did not complain about the issue to the district court, please say so.]

5. Legal Authority [Rule 12-208(D)(5)]: Attach additional pages if necessary, referencing “Section 5 Legal Authority.”

[NOTE TO PRO SE APPELLANT: In this section, you should state all law that supports and contradicts the issues you are raising on appeal, which includes cases, statutes, the administrative code, etc. *See State v. Casares*, 2014-NMCA-024, ¶ 18, 318 P.3d 200 (stating that “[w]e will not consider an issue if no authority is cited in support of the issue, because absent cited authority to support an argument, we assume no such authority exists”). Include the paragraph number or page number where applicable. You must also include a quote or a paraphrased statement from each legal authority that you cite, which supports (or contradicts) your issue.

Note that, although the rule regarding docketing statements (Rule 12-208) does not permit argument, citing to law and including the quotation or statement about why you are citing to that law serves the purpose of indicating to this Court what your argument is. In other words, the practical effect of the requirement in the rule that an appellant state the proposition an authority has been cited for (include the quotation or statement from the law that explains why the law has been cited) is to allow the appellant the opportunity to point out how the lower court ruling is not in accordance with the law. Given that this Court operates under a presumption of correctness in favor of the lower court rulings, and given the appellant has the burden of demonstrating error on appeal, failure to provide this

information can result in affirmance. *See State v. Aragon*, 1999-NMCA-060, ¶ 10, 127 N.M. 393, 981 P.2d 1211 (stating that there is a presumption of correctness in the rulings or decisions of the trial court, and the party claiming error bears the burden of showing such error); *Farmers, Inc. v. Dal Mach. & Fabricating, Inc.*, 1990-NMSC-100, ¶ 8, 111 N.M. 6, 800 P.2d 1063 (stating that the burden is on the appellant to clearly demonstrate that the trial court erred).]

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

7. Were all of the proceedings in the district court recorded?

Yes ____

No _____

If you answered yes, please tell us whether the proceedings were recorded by a court monitor or a court reporter, or both.

8. Have you filed any other appeals related to this case?

Yes ____

No _____

If you answered yes, please tell us the related case number(s).

9. Do you know if anyone else involved in this case has filed an appeal in this case?

Yes ____

No _____

If you answered yes, please tell us the party's name(s) and related case number(s).

(Your Signature)

(Your Printed Name)

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

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

The following certificate of service is required.

CERTIFICATE OF SERVICE FOR DOCKETING STATEMENT

I, _____ (your full name), hereby certify that the foregoing DOCKETING STATEMENT has been [mailed] [personally delivered] (choose one) to the following people or entities at the listed addresses on this _____ day of _____, 20____ (insert the date you mailed or delivered the docketing statement).

Complete the following spaces with the names and addresses of the people you are required to mail or deliver the docketing statement. You must completely fill in the information. The district court clerk or the judge's trial court administrative assistant may be able to assist you with these names and addresses.

District Court Clerk

_____ (Street Address or P.O. Box)

_____ (City, State, and Zip Code)

Provide information here about the opposing party/parties or their counsel:

_____ (Name of Opposing Counsel/Party)

_____ (Street Address or P.O. Box)

_____ (City, State, and Zip Code)

_____ (Name of Opposing Counsel/Party)

_____ (Street Address or P.O. Box)

_____ (City, State, and Zip Code)

(Name of District Court Judge)
(Street Address or P.O. Box)
(City, State, and Zip Code)

(Name of Court Reporter/Monitor)
(Street Address or P.O. Box)
(City, State, and Zip Code)

(Your Signature)

(Your Printed Name)

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

MEMORANDUM IN OPPOSITION: This is a Memorandum in Opposition to a Notice of Proposed Disposition for a CIVIL APPEAL to the New Mexico Court of Appeals. You must type or neatly write all of the information required on this form. If you need to use extra pages, you must type or neatly write the information. File the original of this Memorandum in Opposition with the Court of Appeals. Serve copies on the other parties to the case.

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

THE COURT OF APPEALS OF THE STATE OF NEW MEXICO

_____,

Plaintiff-(Appellee or Appellant),

v.

CASE NO. _____

_____,

Defendant-(Appellee or Appellant).

_____/

MEMORANDUM IN OPPOSITION TO SUMMARY DISPOSITION

On _____, _____ (the date stamped on the notice of proposed disposition), this Court proposed summary _____ (put the type of disposition proposed). Defendant / Plaintiff 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. If the Court’s proposal is mistaken about the facts, explain why. If the Court's proposal is wrong about the law, explain why. Cite the legal authority (case, statutes, administrative code section, etc.) that supports your argument. *See State v. Casares*, 2014-NMCA-024, ¶ 18, 318 P.3d 200 (stating that “[w]e will not consider an issue if no authority is cited in support of the issue, because absent cited authority to support an argument, we assume no such authority exists”). 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’s proposal was mistaken about.

Issue ____:

Issue __:

Issue ____:

(Attach additional pages if necessary.)

If you are the Appellant and summary affirmance was proposed, do you have other complaints that you want to make that you did not put in your docketing statement? Yes _____ No _____

If you answered yes, please answer the following questions in the space provided below for each complaint that you want to make at this time:

- (1) Why did you not put the complaints in your docketing statement?
- (2) Did you tell the district court judge about your complaints and, if so, when?
- (3) What exactly are your complaints that were not put in the docketing statement?
- (4) Provide legal authority to support your reasons to amend your docketing statement.

[NOTE TO PRO SE APPELLANT: *See State v. Moore*, 1989-NMCA-073, ¶¶ 41-42, 109 N.M. 119, 782 P.2d 91 (stating that, in order for this Court to grant a motion to amend the docketing statement, the movant must meet certain criteria that establishes good cause for our allowance of such amendment), *overruled on other grounds by State v. Salgado*, 1991-NMCA-044, ¶ 2, 112 N.M. 537, 817 P.2d 730. “The essential requirements to show good cause for our allowance of an amendment to an appellant’s docketing statement are that (1) the motion be timely, (2) the new issue sought to be raised was either (a) properly preserved below or (b) allowed to be raised for the first time on appeal, and (3) the issues raised are viable.” *Id.* ¶ 42.]

(Attach additional pages if necessary.)

(Your Signature)

(Your Printed Name)

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

The following certificate of service is required.

**CERTIFICATE OF SERVICE FOR
MEMORANDUM IN OPPOSITION TO SUMMARY DISPOSITION**

I, _____ (your full name), hereby certify that the foregoing MEMORANDUM IN OPPOSITION was [mailed] or [personally delivered] (choose one) to the following people or entities at the addresses indicated on this ____ day of _____, 20__ (insert the date you mailed or delivered the memorandum in opposition).

Provide information here about the opposing party/parties or their counsel:

_____ (Name of Opposing Counsel/Party)

_____ (Street Address or P.O. Box)
_____ (City, State, and Zip Code)

_____ (Name of Opposing Counsel/Party)

_____ (Street Address or P.O. Box)
_____ (City, State, and Zip Code)

(Your Signature)

(Your Printed Name)

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

MOTION FOR REHEARING: This is a Motion for Rehearing to the New Mexico Court of Appeals. A Motion for Rehearing must be filed within fifteen (15) days of the appellate court's disposition/opinion. *See* Rule 12-404(A) NMRA. You must type, word process, or neatly write all of the information required on this form. If you need to use extra pages, you must type or neatly write the information. File the original of this Motion for Rehearing with the Court of Appeals. Serve copies on the other parties to the case.

THE COURT OF APPEALS OF THE STATE OF NEW MEXICO

Please fill out the following caption exactly as it appears on the Court's opinion.

Plaintiff-(Appellee or Appellant),

v.

CASE NO. _____

Defendant-(Appellee or Appellant).

_____/

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.

[NOTE TO PRO SE APPELLANT: 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 you simply disagree with the Court's opinion, you may ask the Supreme Court to take your case. You have thirty (30) 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.

6.

(Attach additional pages if necessary.)

(Your Signature)

(Your Printed Name)

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

The following certificate of service is required.

CERTIFICATE OF SERVICE FOR MOTION FOR REHEARING

I, _____ (your full name), hereby certify that the foregoing MOTION FOR REHEARING was [mailed] or [personally delivered] (choose one) to the following people or entities at the addresses indicated on this _____ day of _____, 20____ (insert the date you mailed or delivered the motion for rehearing).

Provide information here about the opposing party/parties or their counsel:

_____ (Name of Opposing Counsel/Party)

_____ (Street Address or P.O. Box)
_____ (City, State, and Zip Code)

_____ (Name of Opposing Counsel/Party)

_____ (Street Address or P.O. Box)
_____ (City, State, and Zip Code)

(Your Signature)

(Your Printed Name)

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

MOTION FOR EXTENSION OF TIME: This is a Motion for Extension if you need more time to complete an action on appeal. You must type, word process, or neatly print all of the information required on this form. You must file the original of this form with the Court of appeals. Serve copies on the other parties to the case.

IN THE COURT OF APPEALS OF THE STATE OF NEW MEXICO

_____,

Plaintiff-(Appellee or Appellant),

v.

CASE NO. _____

_____,

Defendant-(Appellee or Appellant).

_____/

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 a specific date).

3. The document or item that I need an extension on is: (choose one)
_____ Docketing Statement

_____ Record Proper

_____ Memorandum in Response to Notice of Proposed Disposition

_____ Designation of Audio Files or Transcripts

_____ Designation of 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.

(Your Signature)

(Your Printed Name)

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

The following certificate of service is required.

CERTIFICATE OF SERVICE FOR MOTION FOR EXTENSION OF TIME

I, _____ (your full name), hereby certify that the foregoing MOTION FOR EXTENSION OF TIME was [mailed] or [personally delivered] (choose one) to the following people or entities at the addresses indicated on this _____ day of _____, 20____ (insert the date you mailed or delivered the motion for rehearing).

Provide information here about the opposing party/parties or their counsel:

_____ (Name of Opposing Counsel/Party)

____ (Street Address or P.O. Box)

____ (City, State, and Zip Code)

_____ (Name of Opposing Counsel/Party)

____ (Street Address or P.O. Box)

____ (City, State, and Zip Code)

(Your Signature)

(Your Printed Name)

Address: _____

City, State, Zip Code: _____

Telephone No.: _____