

STATE OF WISCONSIN, COURT OF APPEALS, DISTRICT _____

_____)	Motion for	
_____)		
(party designation) _____)		
-vs- _____)		
_____)		
_____)		
(party designation) _____)		Case No. _____

(Name of party making motion) _____, the (Choose one) Appellant Respondent,
 moves the court, pursuant to (specify statute or rule under which motion is made) _____,
 as follows: _____

Date: _____

Signature of Filing Attorney or Party	Telephone Number	State Bar Number (if applicable)
Name Printed or Typed	Email Address (if any)	
Address		

This completed form must be *filed* with the clerk of the Court of Appeals, and copies must be served upon opposing counsel and/or parties.