# STATE OF WISCONSIN

COURT OF APPEALS

DISTRICT @

Appeal No. \_\_\_\_\_\_

County Cir. Case No. @

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STATE OF WISCONSIN,

Plaintiff-Respondent,

v.

CLIENT,

Defendant-Appellant.

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PETITION FOR LEAVE TO APPEAL THE (DATE) NON-FINAL ORDER ENTERED BY THE (COUNTY) COURT, HON. (JUDGE) PRESIDING

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BRIEF OF   
DEFENDANT-APPELLANT

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@nAME

@Title

State Bar No. @

@Street Address

@City, State, Zip

@Phone Number

@E-mail Address

Attorney for @

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1.

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Statement of Facts

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Dated this @ day of @, @.

Respectfully submitted,

*Electronically signed by   
Name of Attorney*

@nAME

@Title

State Bar No. @

@Street Address

@City, State, Zip

@Phone Number

@E-mail Address

Attorney for @

Certification as to Form/Length

I hereby certify that this brief conforms to the rules contained in S. 809.19(8)(b), (bm), and (c) for a brief. the length of this brief is XXXX words.

Certification as to Appendix

I hereby certify that filed with this brief is an appendix that complies with s. 809.19(2)(a) and that contains, at a minimum: (1) a table of contents; (2) the findings or opinion of the circuit court; (3) a copy of any unpublished opinion cited under s. 809.23(3)(a) or (b); and (4) portions of the record essential to an understanding of the issues raised, including oral or written rules or decisions showing the circuit court’s reasoning regarding those issues.

I further certify that if this appeal is taken from a circuit court order or judgment entered in a judicial review or an administrative decision, the appendix contains the findings of fact and conclusions of law, if any, and final decision of the administrative agency.

I further certify that if the record is required by law to be confidential, the portions of the record included in the appendix are reproduced using one or more initials or other appropriate pseudonym or designation instead of full names of persons, specifically including juveniles and parents of juveniles, with a notation that the portions of the record have been so reproduced to preserve confidentiality and with appropriate references to the record.

Dated this @ day of @, @.

Signed:

*Electronically signed by  
Name of Attorney*

NAME OF ATTORNEY

Assistant State Public Defender

STATE OF WISCONSIN

COURT OF APPEALS

DISTRICT @

Case No. @

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APPENDIX OF

DEFENDANT-APPELLANT

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