

4-831. Petition for writ of certiorari in appeal pursuant to Unemployment Compensation Law.

[For use with Rule 1-077 NMRA]

STATE OF NEW MEXICO
COUNTY OF _____
_____ JUDICIAL DISTRICT

_____,
Petitioner,

v. No. _____
Admin. Case No. _____

New Mexico Department of Workforce Solutions,

and
_____ (Former Employer or Employee),
Respondents.

PETITION FOR WRIT OF CERTIORARI

Petitioner appeals from the decision of the Workforce Transition Services Division of the State of New Mexico Department of Workforce Solutions in this case and states the following in support of this petition for a writ of certiorari:

1. Petitioner resides in _____ County, New Mexico, and venue is therefore properly in this court.
2. This petition is timely filed within thirty (30) days from the date of the final decision of the secretary of the Department of Workforce Solutions or the board of review. The date of the final decision is _____, and copy of the final decision is attached to this petition.

Statement of issues.

3. Petitioner believes the final decision was incorrect for the following reasons. *(Please list below in numerical order the reasons why you believe the final decision is incorrect. If you are raising more than three issues, list them on a separate sheet and attach it to this petition. See Rule 1-077(J) NMRA for a list of the reasons why the district court may reverse a decision of the board of review or secretary. After each statement of issue, state how the issue was raised in the administrative agency below.)*

Issue No. 1:

Issue No. 2:

Issue No. 3:

Summary of proceedings.

4. The following is a concise summary of what happened in this case, and it includes a short statement of all the facts that are relevant to the issues listed in this petition. *(Attach additional pages if necessary):*

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Statement of relief sought.

5. Petitioner asks the court to issue a writ of certiorari to review the issues listed above. A copy of the proposed writ of certiorari is attached to this petition. *(See Form 4-832 NMRA)* Petitioner also asks the court to provide the following specific relief after reviewing this petition and issuing the writ:

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(Signature of Petitioner)

(Petitioner's address)

(Petitioner's phone number)

CERTIFICATE OF SERVICE

I certify that I caused a copy of this petition for writ of certiorari to be served on the following persons or entities by *(delivery) (certified mail, postage prepaid)* on this ____ day of _____, 20____:

- (1) Office of General Counsel of the State of New Mexico Department of Workforce Solutions

(Address)

- (2) _____
(Name of Respondent Former Employer or Employee)

(Address)

- (3) _____
(Name of any other party to the proceedings)

(Address)

(Petitioner)

USE NOTES

1. If the Petitioner is not represented by counsel, the affidavit of service must be completed.

2. If the petition for writ of certiorari is not filed within thirty (30) days of the final decision issued by the secretary or board of review, the district court will not have jurisdiction to hear the appeal.

3. Both the Department of Workforce Solutions and the former employer or employee must be named and joined as parties *(respondents)* to the appeal on the petition for writ of certiorari and the writ of certiorari.

[Adopted by Supreme Court Order No. 11-8300-012, effective April 18, 2011.]