

**FORM 7: MOTION FOR RECONSIDERATION**

**IN THE COURT OF APPEALS OF GEORGIA**

_____	)	
Appellant[s]	)	
	)	
vs.	)	Case No. _____
	)	
_____	)	
Appellee[s]	)	

**MOTION FOR RECONSIDERATION**

Comes now, \_\_\_\_\_ (your name), [Appellant/Appellee], and moves this Court to reconsider its [opinion/order] [affirming/reversing/vacating the trial court's decision in this matter (or) denying/dismissing this appeal/application].

Under Rule 37 (e) of the Rules of the Court of Appeals of Georgia, [Appellant/ Appellee] respectfully submits that this Court, in rendering its [opinion/order] [affirming/reversing/vacating the decision of the trial court (or) denying/dismissing this appeal/application],

(1) has overlooked the following material facts in the record (here, state the facts you believe this Court has missed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_;

and (or)

(2) has overlooked and failed to take into consideration the following cases (here, cite the cases you believe this Court has failed to consider): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

(3) (Here, include any additional explanation about why the Court should reconsider its opinion or order): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

For the reasons more fully set forth in the attached Brief in Support of this Motion for Reconsideration, [Appellant/Appellee] respectfully requests that this Court inquire into and reconsider its [opinion/order] [affirming/reversing/vacating the trial court's decision (or) denying/dismissing this appeal/application].

Respectfully submitted this the \_\_\_\_ (Day) of \_\_\_\_\_ (Month), \_\_\_\_\_ (Year).

If e-filed, this submission does not exceed the word count limit imposed by Rule 24.

\_\_\_\_\_  
(Sign your name)

\_\_\_\_\_  
(Your Address)

\_\_\_\_\_  
(Your Telephone Number)

\_\_\_\_\_  
(Your e-mail address)

**Include a Certificate of Service  
(See example on Form 2)**