INSTRUCTIONS FOR COMPLETING THIS FORM

Extremely Important* Your deadline is one of the days listed below which is **immediately following** the date-stamp made by the clerk's office on the order:

- Before the first Monday in March;
- Before the first Monday in June;
- Before the second Monday in September; or
- Before the first Monday in December.
- 1. Complete the numbered paragraphs with your explanation of why the court should reconsider the order it entered.
- 2. Date, sign, and complete the form with your name, address, phone number.
- 3. Make 2 copies of all completed and signed forms.
- 4. File the original form with the Clerk of Superior Court on or before the deadline outlined above.
- 5. Mail a copy to the other side or his/her attorney.
- 6. Keep one copy for your records.
- 7. The court will mail out notice whether your request was granted, denied, or if a new court date has been rescheduled.

IN THE SUPERIOR COURT OF GWINNETT COUNTY STATE OF GEORGIA

Plaintiff, v.	Civil Action File No.:		
Defendant.			
MOTION FOR RECONSIDERATION			
MY NAME IS	, and I am filing		
this $Motion$ for $Reconsideration$ pursuant to $oldsymbol{ ext{N}}$	<u>Iewsom v. Newsom</u> , 257 Ga. 238 (1987)		
and within the same term of Court established	by O.C.G.A. § 15-6-3 (20). My		
explanation to support this request is as follow	vs:		
1.			
There are significant legal grounds or	extraordinary facts or circumstances which		
justify the Court's reconsideration of the order	r dated		
2.			
3.			

		4.
\Box Additional explanation [to this <i>Motion</i> .	□ Evidenc	5. the above-referenced facts is/are attached
WHEREFORE, the Respo	ondent Res	spectfully prays:
(a) The Court reconsiders its	ruling.	
☐ (b) That the matter be reset for contained in this request;		of all evidence, including the allegations
\Box (c) That I be granted such oth	her relief a	s the Court deems just and proper.
Dated:	-	
		\square Plaintiff \square Defendant <i>Pro se</i>
	Name:	
	Address:	
	- -	
	-	City, State ZIP
	Phone:	
	Email:	

IN THE SUPERIOR COURT OF GWINNETT COUNTY STATE OF GEORGIA

Plaintiff, v.	Civil Action File No.:
Defendant.	
CERTIFIC	CATE OF SERVICE
This is to certify that I have served	d the opposing party or his/her attorney with a
copy of the Motion for Reconsideration b	y depositing a copy of same in the United States
Mail in a properly addressed envelope wi	th adequate postage thereon to:
Opposing Par	rty's/Attorney's Name
	Address
Cit	y, State ZIP
Dated:	
	\square Plaintiff \square Defendant <i>Pro se</i>
Name:	
Address:	:
	City, State ZIP
Phone:	
Email:	

IN THE SUPERIOR COURT OF GWINNETT COUNTY STATE OF GEORGIA

Plaintiff, v.	Civil Action File No.:
Defendant.	
<u>RU</u>	<u>LE NISI</u>
A Motion for Reconsideration has	been filed by the \square Plaintiff \square Defendant.
Therefore, let the parties appear be	efore the Honorable
of the Gwinnett County Superior Court, in	the following location: Gwinnett County
Justice & Administration Center, 75 Langl	ley Drive, Room,
Lawrenceville, Georgia on	, 2013 at o'clockm. to
show cause why the relief sought by Petitic	oners should not be granted.
Issued on	, 20
	JUDGE/CLERK Gwinnett County Superior Court
Presented by: □ Plaintiff □ Defendant Pro se	