**IN THE SUPREME COURT OF APPEALS OF WEST VIRGINIA**

**STATE OF WEST VIRGINIA,**

 **Respondent,**

**v. Case No. \_\_-\_\_\_\_**

 **Circuit Court No. \_\_-\_\_-\_\_**

 **(*Name of County*)**

**Name of Petitioner,**

 **Petitioner.**

**MOTION FOR EXTENSION OF TIME TO PERFECT APPEAL**

 Petitioner (*Name of Petitioner*), by counsel, (*Appointed appellate counsel name*), moves this Honorable Court, pursuant to Rule 5(f), W. Va. Revised Rules of Appellate Procedure, for an Order extending the time within which to perfect an appeal. In support hereof, the petitioner states:

1. On (*Month, day, year*), the (*Name of County*) County Circuit Court sentenced the petitioner to (*Length of sentence*) on each of (*Counts*) of (*Indictment charge*). (*Enter all possible consecutively and concurrently legal verbiage*).
2. On (*Month, day, year*), the Circuit Court appointed (*Name of appointed appellate counsel*).
3. thru (*List by number of reasons, ie…filed date of notice of appeal, due date of petitioner’s brief and reason for request of extension of time with possible research cites and the length of time to perfect appeal.*)

(*Final*)…

Pursuant to Revised Appellate Rule 5(f), this Court has the authority to extend the period of time within which to file the petitioner’s brief for an additional (*amount of time*).

 **WHEREFORE**, the petitioner respectfully requests this Honorable Court to extend the time for filing the petitioner’s brief for (*amount of time*).

 Respectfully Submitted,

 (*Name of Petitioner*),

 By Counsel

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Appellate Counsel Name

Bar Number

Firm

Address

City, State, Zip

Phone

Fax

Email

Council for Petitioner

**CERTIFICATE OF SERVICE**

 I, (*Name of appellate appointed counsel*), counsel for Petitioner, (*Name of* Petitioner), do hereby certify that I have caused to be served upon the counsel of record in this matter a true and correct copy of the accompanying *Motion for Extension of Time To Perfect Appeal* to the following:

*Name of Attorney General*

*Address*

*City, State, Zip*

By depositing in the United States mail in a properly addressed, postage paid, envelope on the (*??*) day of (*Month*), (*Year*).

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Name of Appointed Appellate Counsel*

Appellate Counsel

 Bar No.

 Firm

 Address

 City, State, Zip

 Phone

 Fax

 Email

 *Counsel for the Petitioner*