## HOW TO FILE A MOTION TO WITHDRAW A PLEA OF GUILTY (TO A CITATION)

## **Instructions:**

- 1. Obtain a court date and a copy of the paid citation at the Criminal Filing Desk at the appropriate court location in Dakota County.
- 2. Fill out the attached Notice of Motion and Motion to Withdraw a Plea of Guilty and sign and date it.
- 3. Make two copies of the completed Notice of Motion and Motion paperwork. One copy is for you and the other copy must be served upon the prosecutor. A list of mailing addresses for all Dakota County prosecutors is attached.
- 4. Have a third party (NOT YOU) who is 18 years or older, mail a copy of the papers to the other party. They can be mailed on any day EXCEPT a legal holiday. Court Rules require FIRST CLASS MAIL only, not certified or registered mail. The person who mailed the papers to the other party must then complete an Affidavit of Service by Mail (also attached).

## **Please Note:**

- DO NOT have the person fill out the Affidavit of Service by Mail until AFTER they have mailed a copy of the papers to the other party.
- DO NOT have the person sign the Affidavit of Service by Mail until they are in the presence of a Notary Public or a Deputy Court Administrator.
- 5. File the original Notice of Motion and Motion paperwork, and the original Affidavit of Service at the Criminal Filing Desk where you obtained the court date.
- 6. **NOTE:** Your case will not be placed on the court's calendar until you file the original documents which must be done at least seven (7) days prior to the court date.

COURT PERSONNEL <u>CANNOT</u> HELP YOU FILL OUT THE FORM(S) IN THIS PACKET. IF YOU REQUIRE ASSISTANCE, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY.

Revised: 11/15/12

State of Minnesota District Court

	of: DAKOTA	Judicial District: FIRST Court File Number: Case Type: CRIMINAL		
State of Minnesota Vs.		NOTICE OF MOTION AND MO	NOTICE OF MOTION AND MOTION WITHDRAW A PLEA OF GUILTY	
	Name of Defendant			
1.	My name is:			
2.	My date of birth is:			
3.	My address and local tele	phone are:		
4.	My driver license number	r is:		
5.	The citation number is: _			
6. I should be allowed to withdraw my plea of guilty entered on for t following reason(s)				
7.	This matter is set for hea	ring on(date) at	(time)	
	at	(location)		
Date: _		Signature		
		Printed Name		

Revised: 11/15/12

State of Minnesota		District Court				
County of Dakota	Judicial District:	First				
	Court File Number:					
	Case Type:	Criminal				
Affidavit of Service						
STATE OF MINNESOTA	)					
COUNTY OF(County where Affida	vit signed)					
I,(Name of person who mailed the	documents) being duly swor	rn upon oath, state that I am at				
least 18 years of age; that on	/ I served the a	attached documents (Copy of				
Notice of Motion and Motion) by	mailed a true and correct cop	y to the following party at the				
following address by placing the documents in the U.S. mail in the City of						
with sufficient postage:						
Prosecuting Attorney for the City of  Address						
Dated:Signature						
	(Sign only in front of Notary I	Public or Deputy Court Administrator)				
	Name:					
Sworn/affirmed before me this	Address:					
day of,	City/State/Zip:					
	Telephone					

Revised: 11/15/12

## DAKOTA COUNTY PROSECUTORS

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