## **APPENDIX G TO MINN. R. CRIM. P. 15**

State of Minnesota		District Court
County	Judicial District:	
	Court File Number:	
	Case Type:	Criminal

State of Minnesota, Plaintiff

Alford Addendum to **Petition to Enter Plea of Guilty Pursuant to Rule 15** 

vs.

Defendant

TO THE ABOVE-NAMED COURT:

When a defendant tenders a guilty plea while maintaining innocence, the following language replaces paragraphs 24 and 25 of the Petition to Enter Plea of Guilty in Felony Case Pursuant to Rule 15. The district court and parties must ensure that an adequate factual basis is established on the record. See North Carolina v. Alford, 400 U.S. 25, 38, 91 S. Ct. 160, 168 (1970); State v. Theis, 742 N.W.2d 643, 649 (Minn. 2007); State v. Goulette, 258 N.W.2d 758, 761 (Minn. 1977).

\_\_\_\_\_, Defendant in the above-

My attorney has told me and I understand that a judge generally will not accept a plea of guilty from someone who claims to be innocent. However, I understand that the judge may accept my Alford guilty plea despite my claim of innocence, so long as I agree the state's evidence is sufficient for a jury to find me guilty, beyond a reasonable doubt, if I have a trial. With this principle in mind, I acknowledge that:

a. I have reviewed the evidence that the state will offer against me if I have a trial.

b. I believe that there is a substantial likelihood that I will be found guilty, beyond a reasonable doubt, of the offense to which I am pleading if the state's evidence is presented against me at trial.

c. If the judge accepts my Alford guilty plea, I will be convicted of the offense to which I am pleading, and I will be considered just as guilty as I would be if I had admitted my guilt. My claim of innocence will not have any impact on the terms and conditions of my sentence, my probation (if any), or any collateral consequences stemming from my conviction, including civil commitment for treatment.

d. I may be required to successfully complete treatment for my conduct underlying the offense to which I am pleading. If I am required to successfully complete such treatment and I refuse to admit my guilt in treatment, I may be discharged from treatment. Failure to complete such treatment may result in my incarceration, civil commitment for treatment, or both.

Dated:

Signature of Defe	endant
Name:	
Street Address:	
City/State/Zip:	
E-mail address:	