

**State of Minnesota**

**District Court**

County \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: Criminal

**State of Minnesota, Plaintiff**

vs.

**Misdemeanor Statement of Rights**

\_\_\_\_\_  
Defendant

I understand:

1. I am charged with committing the offense(s) described in the complaint, citation, or ticket. If I have not received a written complaint describing the charges against me, I may request one.
2. The maximum sentence for a misdemeanor offense is a fine of \$1,000 and applicable surcharges, 90 days in jail, or both.
3. I can be charged with a crime if I fail to appear in Court when I am told or notified of a Court date. The punishment for failure to appear can include a fine, jail, or both.
4. I have the right to be represented by an attorney at all times and an attorney will be appointed without cost to me if I cannot afford to pay for an attorney.
5. I have the following constitutional rights:
  - a. for the case to be continued for me to obtain or speak to an attorney.
  - b. to a trial by the Court, or by a jury of six persons, in which I am presumed innocent until proven guilty by the state beyond a reasonable doubt.
  - c. to remain silent at all times, including at trial. Anything I say may be used against me.
  - d. the right to confront and cross-examine all witnesses.
  - e. the right to subpoena witnesses on my behalf.
6. I (check one):
  - a. request a court-appointed attorney and have completed a form regarding my income, property, and expenses.
  - b. request a continuance to obtain or speak to an attorney.
  - c. do not request a court-appointed attorney and waive (give up) the right to an attorney.
  - d. have retained my own attorney.

Your attorney: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**If you have checked box 6a or 6b, STOP HERE: DATE AND SIGN THIS FORM.**

7. I (check a. or b.):
- a. wish to plead guilty to the offense charged and give up my right to trial on this charge and my right to be represented by an attorney.
  - b. wish to plead not guilty to the offense charged and [check (1) or (2)]
    - (1) request a jury trial.
    - (2) waive (give up) the right to a jury trial.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_