

STATE OF MINNESOTA
COUNTY OF RAMSEY

DISTRICT COURT
SECOND JUDICIAL DISTRICT

Court File Number: _____

State of Minnesota,

Plaintiff,

**PETITION TO ENTER
PLEA OF GUILTY**

vs.

_____,

Defendant.

TO: THE ABOVE-NAMED COURT

I wish to enter a plea of guilty in the above-entitled case and I hereby state to the Court the following:

1. I am the Defendant in this case, my full name is _____,
and my date of birth is _____.
and my current address is _____.
2. I am charged with the offense(s) of:
 - a. Count 1: _____
in violation of Minn. Stat. § _____,
 - b. Count 2: _____
in violation of Minn. Stat. § _____, and,
 - c. Count 3: _____
in violation of Minn. Stat. § _____,
3. I hereby plead guilty to the offense of _____, Count ____ in violation of Minn. Stat. § _____.

AND/OR

I hereby plead guilty to the amended offense of _____, Count _____ in violation of Minn. Stat. §_____.

AND/OR

I hereby plead guilty to the tab charged offense of _____, Count _____ in violation of Minn. Stat. §_____.

4. I am pleading guilty because on _____ in the City of _____, County of Ramsey, State of Minnesota I committed the following acts: _____

_____.

5. I understand that the maximum possible sentence for any misdemeanor offense to which I am pleading guilty is 90 days imprisonment or a fine of _____ or both, and that the maximum possible sentence for any gross misdemeanor offense to which I am pleading guilty is one (1) year imprisonment or a fine of \$ _____ or both

6. I understand that the offense I am pleading guilty to is an enhanceable offense.
a. I understand if I receive the same offense in the future, not only may the charges against me be enhanced, but also the criminal sentence may be enhanced.

- b. I understand four Driving Under the Influence or Driving Under the Influence like offenses occurring within a ten-year time period can be treated as a felony in Minnesota and that carries possible prison time.
 - c. I understand multiple Driving Under the Influence convictions in Minnesota can result in longer loss of license, loss of license plates, and potential vehicle forfeiture.
 - d. I understand that a subsequent charge may carry mandatory minimum sentences.
7. I understand that if I am not a citizen of the United States, my plea of guilty to this criminal offense, may result in deportation, exclusion from admission to the United States or denial of naturalization as a United States citizen.
- I have had enough time to consult with my attorney regarding potential immigration issues. My attorney has told me I am free to consult with another attorney specializing in immigration issues. I am satisfied I understand any and all potential immigration consequences that could result from my plea of guilty in this case.
8. **RIGHT TO AN ATTORNEY.** I understand that I have the right to be represented by an attorney and that an attorney will be appointed to represent me without cost to me if I cannot afford to pay for an attorney.
9. I have fully discussed the charge(s), my constitutional rights, and this petition with my attorney. _____

Name of attorney

OR

- 9a. WAIVER OF ATTORNEY. I give up my right to be represented by an attorney and any right I might have to request that an attorney be appointed to represent me.
10. I understand that I also have the following constitutional rights which I knowingly and voluntarily give up:
- a. The right to a trial to the court or to a jury in which I am presumed innocent until proven guilty beyond a reasonable doubt and in which all jurors in a jury trial must agree I am guilty before the jury could find me guilty.
 - b. The right to confront and cross-examine all witnesses against me.
 - c. The right to remain silent or to testify for myself.
 - d. The right to subpoena and present witnesses to testify for me in my defense.
 - e. The right to a pretrial hearing to contest the admissibility at trial of any confessions or admissions or of any evidence obtained from a search and seizure.
11. That I am entering my plea of guilty knowingly, freely, and voluntarily and without any promises except as indicated in number 12 below.
12. Upon my plea of guilty:
- to Count(s) _____, these remaining Count(s) _____ will be dismissed.
 - I know I will be sentenced to _____ day(s), stayed for a period of _____ years.
 - I know I will be placed on probation supervised by probation.
- OR**
- I know I will be placed on probation supervised by the court.

- I know I must serve _____ day(s) in the Ramsey County Correctional Facility, with credit for _____ day(s) served.
 - I understand that I will be required to turn myself in to the Ramsey County Correctional Facility by _____.
- I will be ordered to pay a fine of \$_____, and a surcharge of \$86.00. Payment of all financial consequences will be made within 6 months of the Court accepting this plea petition or payment arrangements will be made by scheduling a meeting with a Ramsey County Hearing Officer.
- I understand that I will be required to follow my probation officer's directions about personally reporting, and/or attending individual meetings, group reporting, or group education.
- I understand that I will be required to be truthful with my probation officer in all matters, and reply promptly to any communication from my probation officer.
- I understand that I will be required to obey all Federal, State, and local laws and any other orders of the court.
- I understand that I will be required to report any arrest to my probation officer within 72 hours.
- I understand that I will be required to keep my probation officer informed of my residence and employment, and make no changes in either without the knowledge and consent of my probation officer.
- I understand I will be required to complete a chemical health evaluation and follow all recommendations of the evaluation.

- I will be convicted of a fourth-degree charge under Chapter 169A of the Minnesota Statutes or another offense arising out of the circumstances surrounding this arrest, and a chemical health evaluation fee of \$25.00 will be imposed.
- I will be convicted of a second- or third-degree charge under Chapter 169A of the Minnesota Statutes or another offense arising out of the circumstances surrounding the arrest, and a chemical health evaluation fee of \$30.00 will be imposed.
- A chemical health evaluation fee will be waived.
- I understand that I will be required to remain law abiding, including no new arrests, charges, or convictions.
- I understand that I will be required to abstain from drugs, alcohol, or other mood altering substances.
- I understand that I will be required to attend and complete random drug or alcohol tests.
- I understand that I will be required to attend and complete domestic abuse programming as directed by my probation officer.
- I understand that I will be required to attend and complete anger management programming as directed by my probation officer.
- I will be required to pay restitution in the amount of \$_____.

OR

- Determination of the restitution amount will be reserved, and the affidavit in support of the restitution amount will be filed within _____ days. I understand that the amount of restitution requested will be mailed to me at the

address provided above and that I will have thirty days after that to file a request for a hearing should I wish to contest the amount requested.

I understand the following additional conditions of probation will be imposed:

_____.

13. I understand that if the Court does not approve this agreement, I have the right to withdraw my plea of guilty and have a trial.

14. I understand that if this plea of guilty is accepted, I have the right to be present at the time of sentencing and to speak and to present evidence on my behalf.

15. I hereby knowingly and voluntarily give up my right to be present upon entry of my plea and sentencing, waive my right to make any personal statements regarding my sentence other than what is contained in this petition. I request that the court sentence me in my absence, but according to any plea agreement that might be contained in this petition.

SIGNATURE of Defendant:

Dated this ____ day of _____, 2020. _____

SIGNATURE of Defense Attorney

I, _____, state that I am the attorney for the Defendant in the above-entitled criminal action; that I personally explained the contents of the above petition to the defendant.

Dated this ____ day of _____, 2020. _____

SIGNATURE of Prosecuting Attorney

I, _____, am a City Attorney for the City of _____.

I have reviewed this petition and it accurately states the Plea Agreement.

Dated ____ day of _____, 2020. _____