# CRIMINAL POST-DISPOSITION RELIEF MOTION

# **DISCLOSURE**

On the following pages, you will find a form which may be used to bring a Motion for Post-Disposition Relief before the Court in a <u>criminal</u> matter. This is a standardized form document. It may not be appropriate depending on the circumstances of your case and/or the Court may require additional information from you which is not found on this form.



This form is not to be used for Post-Verdict Motions, pursuant to Minnesota Rule of Criminal Procedure 26.04, seeking a new trial. If you are seeking a new trial pursuant to Minnesota Rule of Criminal Procedure 26.04, it is strongly recommended you contact an attorney.

#### INSTRUCTIONS

#### 1. Advance Preparation

- Make sure you have your court file number (available from court administration).
- Make sure you know which prosecutor and corrections/probation you need to have served (available from court administration).

#### 2. Complete Notice of Motion & Motion for Post-Disposition Relief and Supporting Affidavit

- Fill out the Notice of Motion & Motion form. This form tells the court and the prosecutor what you are requesting from the court. It also provides notice of the date and time of the hearing.
- Fill out your Affidavit in Support of Motion. This form tells the court and the prosecutor what you are asking for from the court and explains WHY you are asking for it.
- 3. Obtain a hearing date. Your hearing should be at least four (4) weeks later than the date you plan to have the motion served. Fill out the hearing information on your paperwork. NOTE: Your hearing may be cancelled if you have not filed your completed documents at least twenty-one (21) days prior to the hearing date. You may contact your local court administration at the following phone numbers:

| Anoka   | (763) 760-6575 | Pine       | (320) 591-1500 |
|---------|----------------|------------|----------------|
| Chisago | (651) 213-8650 | Sherburne  | (763) 284-7140 |
| Isanti  | (763) 689-2292 | Washington | (651) 413-8133 |
| Kanabec | (320) 679-6400 | Wright     | (763) 682-7548 |

- 4. <u>Make three (3) Copies</u> of the completed Notice of Motion & Motion for Post-Disposition Relief, Supporting Affidavit and all attachments (if any)
  - One (1) copy is to be served on the prosecutor.
  - One (1) copy is to be served on corrections/probation, if applicable (if you are on probation).
  - One (1) copy is for you.
  - The original is filed with the court after the prosecutor and corrections/probation have been served.
- 5. <u>Serve</u> (provide a copy to) the Prosecutor and Corrections/Probation:
  - Service must be done by someone *not a party to the action* who is over the age of 18. This could be a neighbor, friend, relative, significant other, a process server company, the Sheriff's Office, etc.
  - Motions must be served personally (hand delivered) at least twenty-one (21) days before the hearing or mailed (via first-class mail) to the addresses of the prosecutor and corrections/probation at least twenty-four (24) days before the hearing.

#### 6. Fill out the Affidavit of Service(s)

- Whoever served the prosecutor and corrections/probation must complete an Affidavit of Service indicating (1) who they are, (2) their date of birth, (3) what documents they served, (4) whom they served the documents on, (5) whether they served the other party in person or by mail & (6) when they served the documents.
- The Affidavit of Service must identify each individual who was served and must identify each document that was served.

## **INSTRUCTIONS**

- 7. **File** your paperwork with the Court:
  - Make sure all documents have been completely filled out and signed.
    - Notice of Motion and Motion for Post-Disposition Relief.
    - Affidavit in Support of Motion for Post-Disposition Relief and attachments (if any).
    - Affidavit of Service(s).
    - File your documents at least three (3) weeks before your court date.
  - Your hearing may be cancelled if your completed documents are not filed by the deadline.
- 8. Appear and be on time for your court hearing. Have a copy of your paperwork with you.

| COUNTY OF  | TENTH JUDICIAL DISTRICT               |  |  |
|--|---------------------------------------|--|--|
| State of Minnesota,  | NOTICE OF MOTION AND MOTION FOR POST- |  |  |
| vs.  | DISPOSITION RELIEF                    |  |  |
| Defendant (Your name).                                       | Court File No.:                       |  |  |
| TO (name and address of the prosecuting authority):          |                                       |  |  |
|  |                                       |  |  |
| TO (name and address of corrections/probation or write N/A): |                                       |  |  |
|  |                                       |  |  |
| <u>I</u>   | NOTICE                                |  |  |
| I will ask the court for an Order at a hearing               | scheduled as follows:                 |  |  |
| Date:  | a.m./p.m.                             |  |  |
| Courthouse address:  |                                       |  |  |
| Telephone:   |                                       |  |  |

NOTE: Please contact the court with your current phone number and mailing address in case they need to notify you of any location or date/time change.

### **MOTION**

I am asking the Court for an Order as follows:

| 1   |                             |
|---|-----------------------------|
|   |                             |
|   |                             |
| 2   |                             |
|   |                             |
|   |                             |
| 3   |                             |
|   |                             |
|   |                             |
| 4   |                             |
|   |                             |
| (attach an additional sheet if necessary) |                             |
| 5. For any other relief the court fe      | eels is fair and equitable. |
| 0. 1 01 0119 00101 101101 1110 00 0110 1  | and officers.               |
|   |                             |
|   |                             |
| DATE                                      |                             |
|   | Signature                   |
| County and State where signed             | Print Name_                 |
|   | Address                     |
|   | City/ State                 |
|   | Zip Code                    |
|   | Telephone ( )               |
|   | E-mail address:             |

| COUNTY OF                                 | TENTH JUDICIAL DISTRICT   |
|---|---|
| State of Minnesota,                       | AFFIDAVIT IN SUPPORT OF<br>MOTION FOR POST-<br>DISPOSITION RELIEF |
| VS.                                       | Court File No.:   |
| Defendant (Your name).                    |   |
| My name is                                |   |
|   |   |
| 2. The following facts support my Motion: |   |
|   |   |
|   |   |
|   |   |
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|   |   |
|   |   |
|   |   |
|   |   |

| (attach additional paper if necessary)   |  |
|--|--|
| I declare under penalty of periury t   | hat everything I have stated in this document is true  |
| and correct. Minn. Stat. § 358.116   | nat ever ything I have stated in this document is true |
| and correct. Willing State & 550.110   |  |
| DATE   |  |
|  | Signature  |
| County and State where signed  | Print Name   |
| , and the second | Address  |
|  | City/ State  |
|  | Zip Code:  |
|  | Telephone: ()  |
|  | E-mail address:  |
|  |  |

| State of Minnesota  |                 |                           | <b>District Court</b>                         |
|---|-----------------|---------------------------|---|
| County  | Ju              | dicial District:          | Tenth   |
|   | Co              | ourt File Number:         |   |
|   | Са              | ise Type:                 |   |
| G. C. C.  |                 |                           |   |
| State of Minnesota  |                 |                           |   |
| Plaintiff   |                 |                           |   |
| NO.   |                 | A ffidov                  | it of Service                                 |
| VS  |                 | Alliuavi                  | it of Scrvice                                 |
|   |                 |                           |   |
| Defendant   |                 |                           |   |
|   |                 |                           |   |
| _   |                 |                           | 10  |
| I, Name of person who hand delivered or mailed docum                          | , (             | state that I am at le     | ast 18 years of age                           |
|   |                 |                           |   |
| having been born on   |                 | and that on               | (D  |
| I served the following documents, namely                                      |                 |                           |   |
| 1 served the following documents, namely _                                    | (T              | itle of Documents hand of | delivered or mailed)                          |
| upon (check one) Prosecutor   | Con             | rections/Probation        |   |
|   | 1 \             |                           |   |
| Service was done as follows: (check all that app                              | ply)            |                           |   |
| Personal service: By handing a true and                                       | correct co      | py of the documen         | its to  |
|   |                 |                           |   |
|   |                 | 0.1 1 1                   | O . 1   |
| Mail service: By mailing a true and corre                                     |                 | _                         | y first class mail to<br>r last known address |
| (name)at:   |                 | at ms/ner                 | r iast known address                          |
| street address city   | state           | ziţ                       | p code  |
| and depositing the envelope, with sufficient                                  | postage, in     | n the U.S. Mail at a      | a postal box located in                       |
| the City of   |                 | , State of                | ·   |
|   | и. т            | 1 4 1 1 41                | . 1   |
| I declare under penalty of perjury that every correct. Minn. Stat. § 358.116. | erytning I      | nave stated in th         | is document is true and                       |
| correct. Willin. Stat. § 536.110.   |                 |                           |   |
| Dated:  |                 |                           |   |
|   | Signature       |                           |   |
|   | Name: _         |                           |   |
| County and State where signed   |                 |                           |   |
|   |                 |                           |   |
|   | Telephon        | ne: ()                    |   |
|   | E-mail address: |                           |   |

| State of Minnesota   | District Court  |  |  |
|--|---|--|--|
| County   | Judicial District: Tenth  |  |  |
|  | Court File Number:  |  |  |
|  | Case Type:  |  |  |
| G. C. C.   |   |  |  |
| State of Minnesota   |   |  |  |
| Plaintiff  |   |  |  |
| vs   | Affidavit of Service  |  |  |
|  |   |  |  |
| Defendant  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| I,   | , state that I am at least 18 years of age                          |  |  |
|  |   |  |  |
| having been born on  | , and that on(Date of Service)                                      |  |  |
| T 1.1 C.11 : 1   | (Date of Service)   |  |  |
| I served the following documents, namely _                                 | (Title of Documents hand delivered or mailed)                       |  |  |
| upon (check one) Prosecutor  | Corrections/Probation   |  |  |
| ,  | _   |  |  |
| Service was done as follows: (check all that app                           | ply)  |  |  |
| Personal service: By handing a true and                                    | correct copy of the documents to                                    |  |  |
| _ , ,  |   |  |  |
|  |   |  |  |
| Mail service: By mailing a true and corn                                   | rect copy of the documents by first class mail to                   |  |  |
| (name)   | at his/her last known address                                       |  |  |
| at:street address city   |   |  |  |
|  | state zip code postage, in the U.S. Mail at a postal box located in |  |  |
| 1 0 1  | , State of  |  |  |
|  |   |  |  |
| I declare under penalty of perjury that ev correct. Minn. Stat. § 358.116. | rerything I have stated in this document is true and                |  |  |
| Dated:   |   |  |  |
|  | Signature   |  |  |
|  | Name:   |  |  |
| County and State where signed  | Address:  |  |  |
|  | City/State/Zip:   |  |  |
|  | Telephone: ( )  |  |  |
|  | E-mail address:   |  |  |