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| **State of Minnesota** |  | **District Court** |
| County |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: | Criminal - Postconviction |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Petition for Postconviction ReliefMinn. Stat. § 590.01 |  |
| Petitioner |  |  |
|  |  |  |
| vs |  |  |
|  |  |  |
| State of Minnesota |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 1. Information about the Case |  |

I am the Petitioner named above, and I ask the Court for relief from the conviction, sentence, or other disposition in this case. Information about this case:

 District court file number:

 Charges:

 Date of conviction, sentence, or other disposition:

|  |  |
| --- | --- |
| 2. Previous Appeals or Postconviction Requests in this Case, if any |  |

[ ]  I have filed an appeal in this case with the Court of Appeals.

Appellate court file number:

 Legal reasons (grounds) that supported my request:

[ ]  I have previously asked for postconviction relief from the District Court in this case:

 Dates (if known):

Legal reasons (grounds) that supported my request:

|  |  |
| --- | --- |
| 3. Grounds for Postconviction Relief  |  |

I ask the Court for relief in this case because:

[ ]  (a) The conviction, sentence, or other disposition violated my rights under the Constitution or laws of the United States, or of the State of Minnesota, for the following reasons:

[ ]  (b) I filed a motion under Minn. Stat. § 590.01, subd. 1a, and found scientific evidence (that was not available at trial) that establishes my actual innocence.

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| 4. Legal Memorandum |  |

[ ]  I am filing a Memorandum of Law explaining the legal reasons (grounds) that support this *Petition for Postconviction Relief*.

### OR

[ ]  I am NOT filing a Memorandum of Law.

|  |  |
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| 5. Hearing |  |

[ ]  I ask the Court for a hearing. I understand that the Court may not schedule a hearing even though I have asked for one.

### OR

[ ]  I do not want a hearing.

Everything I have stated in this petition is true and correct to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Dated |  |  | Signature |
|  |  |  | [ ]  Self-Represented [ ]  Attorney for Petitioner |
|  |  | Name: |  |
|  |  | Address: |  |
|  |  |  | City/State/Zip: |  |
|  |  |  | Telephone: |  |
|  |  |  | Email: |  |
|  |  |  | Attorney Reg.: |  |