**State of Minnesota District Court**

County of: Court File Number:

Judicial District: Case Type: Criminal

State of Minnesota   
Plaintiff

vs.

Defendant

# Preliminary Application (Request) to Vacate Conviction of

# Aid/Abet Felony Murder (CRM1502) (Act of May 19, 2023, ch. 52, art. 4, § 24, subds. 3–5)

**Deadline for submission is October 1, 2025. Submission is complete upon mailing.   
You must submit your application to the district court in the county where you were convicted and sentenced. There are no fees or costs to submit a preliminary application.**

1. List your full name:

First:

Middle:

Last:

1. List name under which you were convicted (if different than above):

First:

Middle:

Last:

1. List your date of birth:
2. List the case number of the case you believe qualifies for relief:
3. Were you convicted after a trial, or did you plead guilty?

I was convicted following a trial.

I was convicted after a guilty plea.

1. Did you file for appeal and/or post-conviction relief in this case? (Check all that apply.)

I filed a direct appeal.

I filed a petition for post-conviction relief.

I did not file a direct appeal or a petition for post-conviction relief.

1. **Reasons for this Request**.

* Anyone filing a preliminary application for relief must be: (a) convicted under a qualifying statute and under the circumstances specified in the law and outlined below; and (b) be in the custody of the commissioner of corrections or under court supervision.

I qualify for relief because: (Answer “A” and “B” below.)

1. **Qualifying Conviction**:

I was convicted of a violation of Minn. Stat. § 609.185, paragraph (a), clause (3) (Murder in the First Degree) in this case; **and**

I did not cause the death of a human being; **and**

I did not intentionally aid, advise, hire, counsel, or conspire with or otherwise procure another with the intent to cause the death of a human being.

**OR**

I was convicted of a violation of Minn. Stat. § 609.19, subdivision 2, clause (1) (Murder in the Second Degree) in this case; **and**

I did not cause the death of a human being; **and**

I was not a major participant in the underlying felony and did not act with extreme indifference to human life.

**Note:** A “Major participant” means someone who:

(1) used a deadly weapon during the commission of the underlying felony or provided a deadly weapon to another participant where it was reasonably foreseeable that the weapon would be used in the underlying felony;

(2) caused substantial bodily harm to another during the commission of the underlying felony;

(3) coerced or hired a participant to undertake actions in furtherance of the underlying felony that proximately caused the death, and where it was reasonably foreseeable that such actions would cause death or great bodily harm; or

(4) impeded another person from preventing the death either by physical action or by threat of physical action where it was reasonably foreseeable that death or great bodily harm would result.

1. **Status**:

I am currently in the custody of the commissioner of corrections (this includes supervised release).

**OR**

I am currently under court supervision.

1. Additional Statement in Support of Relief (Optional).

You may include an additional statement (not more than 3,000 words) further explaining why you are entitled to relief. (Attach additional pages if necessary.) Note: *If you fully and accurately completed item #7, no additional statement is needed for this preliminary application.*

1. Additional Information (Optional):

Someone else was charged with and/or convicted of a crime arising from the same set of circumstances. (Attach additional pages if necessary.)

Full Name:

First:

Middle:

Last:

Date of Birth:

Case Number:

I am including other documents with this preliminary application.

List the documents you are including:

1. I understand that this preliminary application is just the start of this process and that if the court determines from this application that I might qualify for relief, I will have to file an additional petition for relief.

Date: Signature:

Name:

Address:

City/State/Zip:

Phone:

Email:

List the name and address of any attorney representing you in this request:

Attorney Name:

Street Address:

City, State, Zip: