

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MINNESOTA

United States of America,

Case No. _____

CRIMINAL COMPLAINT

v.

Peter Orput
(aka) Washington County Attorney
Washington County Attorney's Office
14949 62nd Street North
Stillwater, MN 55082

Defendant.

_____ /

COMPLAINT

The Complainant, being duly sworn, makes complaint to the above-named Court, and states that there is probable cause to believe that the Defendant committed the following offense(s):

Charge: Felony

Title 18 U.S.C. § 4. MISPRISION OF A FELONY

Maximum Sentence: Up to three years imprisonment, or payment of fine, or both.

STATEMENT OF PROBABLE CAUSE

The Complainant alleges and states that the following facts establish probable cause:

1. On or around May 18th, 2011, Complainant sent two criminal complaints to Washington County Attorney, Peter Orput, at his office in Washington County, Minnesota. (Exhibit A)
2. Said package of complaints were sent via certified mail/ return receipt, and received by Defendant on or around May 19th, 2011. (Exhibit B)
3. Said complaints were submitted by Complainant against Assistant Washington County Attorney, Richard Hodsdon, and Washington County Chief Deputy Sheriff, Daniel Starry, for their active role in shielding Washington County Sheriff, William Hutton, from prosecution in a related matter wherein Complaint had previously filed a criminal complaint against Mr. Hutton that Mr. Starry and Mr. Hodsdon refused to act upon.
4. Said complaints against both Mr. Starry, and Mr. Hodsdon, each contained probable cause to charge each with violations of Minnesota Statutes, 609.43 MISCONDUCT OF PUBLIC OFFICER OR EMPLOYEE (a misdemeanor), and 609.495 AIDING AN OFFENDER (a felony).
5. Defendant, Peter Orput, responded to the criminal complaints against Mr. Starry, and Mr. Hodsdon, through a letter written by Mr. Hodsdon, on Washington County Attorney's Office letterhead, stating to the effect that being the Washington County Attorney's Office represented the Washington

County Sheriff's Office in all legal matters, the Washington County Attorney's Office would exercise their 'attorney-client' relationship and therefore not comment or act on the matter in any way. (Exhibit C)

6. Defendant, Orput, had full knowledge of the fact that Mr. Starry and Mr. Hodsdon had committed a felony in shielding Mr. Hutton from prosecution, but refused to act in any way against said persons and in doing so shielded them from prosecution.
7. Defendant, Orput, failed to notify or disclose to federal authorities the felony's committed by Mr. Starry and Mr. Hodsdon, in any manner whatsoever.
8. Defendant, Orput, took affirmative steps to conceal the crimes committed by failing to prosecute said crimes of Mr. Starry, and Mr. Hodsdon.
9. Defendant, Orput, suppressed evidence in the matter by failing to present said criminal complaints to the grand jury, as required under Minnesota Statute 628.61 (3) MATTERS INQUIRED INTO, "the Grand Jury shall inquire into the willful and corrupt misconduct in office of all public officers in the county".

Complainant requests the Defendant, subject to bail or conditions of release, be:

1. Arrested or that other lawful steps be taken to obtain Defendant's appearance in court; or
2. Detained, if already in custody, pending further proceedings; and that said Defendant otherwise be dealt with according to law.

COMPLAINANT'S NAME:

David B. Triemert

COMPLAINANT'S SIGNATURE:

David Triemert

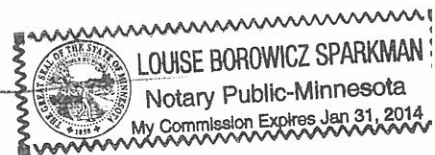
Please notify when filed, and limit all communication in this matter to U.S. Mail:

David B. Triemert
2965 Lake Elmo Avenue N.
Lake Elmo, MN 55042

**STATE OF MINNESOTA
COUNTY OF WASHINGTON**

BEFORE ME personally appeared David B. Triemert who, being by me first duly sworn and identified in accordance with Minnesota law, did execute the foregoing in my presence this 18 day of October, 2011.

Louise Borowicz Sparkman
Notary Public



My commission expires: January 31, 2014.

PROSECUTING ATTORNEY

Being authorized to prosecute the offenses charged, I approve this complaint.

Date _____

PROSECUTING ATTORNEY'S SIGNATURE:

Name:

Address:

City:

State:

Zip

Phone

Attorney Registration #