

In the Iowa District Court for _____ County

County where you are filing this Waiver

State of Iowa

vs.

Defendant

Case no. _____

Pro Se Waiver of Initial Appearance and Preliminary Hearing for Indictable Offense

If you need assistance to participate in court due to a disability, call the disability coordinator (information at <https://www.iowacourts.gov/for-the-public/ada>). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

1. Initial Appearance

I acknowledge the following: *Read, complete, and check each item if you agree.*

- I understand that a preliminary complaint has been filed in my name charging me with a crime.
- I understand that I am required to appear before the court at a date and time specified for an initial appearance.
- I understand that at my initial appearance, the court would advise me of the following:
 - The allegations of the complaint and provide me with a copy of the complaint.
 - My right to retain counsel or have counsel appointed for me if I am determined to be unable to afford an attorney according to certain guidelines the court must follow.
 - My right to obtain a review of my bond conditions and how I may secure pretrial release from custody.
 - That I am not required to make any statements, but that if I do make statements, they may be used against me.
 - My right to a preliminary hearing as provided by Iowa Rule of Criminal Procedure 2.2(4).
- I understand that it is my right to have an initial appearance and that I can either enforce that right or waive it (give it up).
- I hereby waive (give up) my right to appear for an initial appearance and ask that the court set the next appropriate court dates.
- This waiver is knowingly, voluntarily, and intelligently made with a full understanding of its meaning.

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2. Preliminary Hearing

Read, complete, and check each item if you agree.

- I understand that I am required to appear before the court at a date and time specified for a preliminary hearing.
- I understand that at the preliminary hearing, the following would occur:
 - The prosecution would present evidence.
 - I would have a right to cross-examine witnesses and introduce evidence on my own behalf.
 - The court would determine if there was probable cause to believe that an offense had been committed and that I committed it.
- I understand that it is my right to have a preliminary hearing and that I can either enforce that right or waive it (give it up).
- I hereby waive (give up) my right to appear for a preliminary and ask the court set the next appropriate court dates.
- This waiver is knowingly, voluntarily, and intelligently made with a full understanding of its meaning.

3. Signature

_____, 20____
Month Day Year Defendant's signature*

Mailing address

_____, _____, _____
City State ZIP code

(_____) _____
Phone number Email address

*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.