

In the Iowa District Court for _____ County

County where you are filing this Waiver

State of Iowa

vs.

Defendant

Case no. _____

Waiver of Speedy Trial (90 Day)

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.**

The defendant acknowledges the following: *Read, complete, and check each item if you agree.*

- The defendant understands that the defendant has the right to be brought to trial within 90 days of the date that the indictment/trial information was filed and that if the State fails to do so, the case could be permanently dismissed. This right is called the Right to a Speedy Trial (90 day) and it is set out in Iowa Rule of Criminal Procedure 2.33(2)(b).
- The defendant understands that waiver of speedy trial is the defendant's right and the defendant can either enforce it or waive it (give it up).
- The defendant waives (gives up) the right to be tried within 90 days of the date that the indictment/trial information was filed and agrees that the State may delay bringing the defendant's case to trial beyond the required deadline.

Signature

Check one

- A. The defendant files this Waiver pro se (without an attorney).

If you check A, you must fill in the following information:

_____, 20_____
Month Day Year Pro se 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.

Continued on next page

- B. The defendant's attorney is filing this Waiver on behalf of the defendant after discussing the contents of this Waiver with the defendant.

If you check B, you must fill in the following information:

_____, 20____
Month Day Year Attorney's signature

Name of law firm, if applicable

Mailing address

_____, _____
City State ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable