



Rule 2.37—Form 6: *Written Arraignment and Plea of Not Guilty*

In the Iowa District Court for \_\_\_\_\_ County  
*County where you are filing this Written Arraignment*

State of Iowa

vs.

Defendant

Case no. \_\_\_\_\_

**Written Arraignment and Plea of Not Guilty**

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

- 1.  Defendant is represented by the undersigned attorney.
- 2.  Defendant's current mailing address is:

*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_, \_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

- 3.  Defendant can read, write, and understand the English language and has completed the following level of education:

- 4.  Defendant has been advised by the undersigned attorney and understands that Defendant has a right to arraignment in open court, and Defendant hereby voluntarily waives that right, choosing instead to file this written arraignment and plea of not guilty. Defendant understands that times for further proceedings that are computed from the date of arraignment will be computed from the date of filing this written arraignment and plea of not guilty.

- 5.  Defendant has received a copy of the indictment/trial information, which charges Defendant with the crime(s) of: \_\_\_\_\_

in violation of Iowa Code section(s) \_\_\_\_\_ (\_\_\_\_\_) *Year*

Defendant has read the indictment/trial information and is familiar with its contents.

*Continued on next page*





**Attorney's signature**

\_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Signature of attorney for Defendant*

\_\_\_\_\_  
*Name of law firm, if applicable*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_, \_\_\_\_\_  
*City State ZIP code*

(\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address Additional email address, if applicable*