



**Rule 2.37—Form 9: Attorney Waiver of Initial Appearance and Preliminary Hearing for Indictable Offense**

**In the Iowa District Court for \_\_\_\_\_ County**

*County where you are filing this Waiver*

**State of Iowa**

vs.

**Defendant**

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

**Attorney Waiver of Initial Appearance and Preliminary Hearing for Indictable Offense**

Defendant's name as charged is Defendant's true and correct name.

Undersigned counsel has spoken with Defendant, \_\_\_\_\_, regarding  
*Defendant's name*

the waiver of Defendant's right to an initial appearance and preliminary hearing, and Defendant has authorized the undersigned attorney to waive Defendant's right to the initial appearance scheduled for \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

Furthermore, Defendant:

*Check one.*

- Demands a preliminary hearing.
- Waives the right to a preliminary hearing.

**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*