



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.

- Three checkboxes with text describing the defendant's understanding of the right to a speedy trial and the waiver of that right.

Signature

Check one

- A. checkbox with text: The defendant files this Waiver pro se (without an attorney).

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

Month, Day, Year, 20, 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.

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- 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