



Rule 2.37—Form 11: *Waiver of Speedy Trial (One Year)*

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 (One Year)**

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.*

- I understand that I have the right to be brought to trial within one year of the date of my arraignment and that if the State fails to do so, the case against me could be permanently dismissed. This right is called the right to a speedy trial (one year rule) and it is set out in Iowa Rule of Criminal Procedure 2.33(2)(c).
- I have already knowingly, voluntarily, and intelligently waived (given up) my right to have the case tried within 90 days of the date that formal charges were filed against me.
- I understand that waiver of speedy trial is my right and that I can either enforce it or waive it (give it up).
- I hereby waive (give up) the right to be tried within one year of my arraignment, and I agree that the State may delay bringing me to trial beyond the required deadline.

**Signatures**

*Check one*

- A.  An attorney did not help me prepare or fill in this Waiver.

*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*

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B.  An attorney helped me prepare or fill in this Waiver.

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

\_\_\_\_\_, 20\_\_\_\_  
Month Day Year Defendant's signature\*

\_\_\_\_\_, 20\_\_\_\_  
Month Day Year Attorney's signature

\_\_\_\_\_  
Name of attorney's law firm, if applicable

\_\_\_\_\_  
Attorney's mailing address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Attorney's city Attorney's state Attorney's ZIP code

(\_\_\_\_\_) \_\_\_\_\_  
Attorney's phone number

\_\_\_\_\_  
Attorney's email address Additional email address, if applicable

\*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.