

**Joint Consent for Case Assignment to the Iowa Business Specialty Court**

**Instructions to parties:**

- Submit this form to the Iowa State Court Administrator via email ([business.court@iowacourts.gov](mailto:business.court@iowacourts.gov)) or regular mail at: State Court Administrator, 1111 East Court Avenue, Des Moines, IA 50319.
- Do not file this form with the district court.

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**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Case is filed*

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**Plaintiff(s)**

*Full name: first, middle, last*

vs.

**Defendant(s)**

*Full name: first, middle, last*

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

**Joint Consent for Case Assignment to  
the Iowa Business Specialty Court**

1. Pursuant to the Iowa Supreme Court Amended Memorandum of Operation for the Iowa Business Specialty Court, the parties to this case hereby request and consent to assignment of this case to the Iowa Business Specialty Court.
2. This case meet one or both of the criteria set forth in section E of the Amended Memorandum of Operation, as the case involves: *Check all applicable*
  - A.  Claims for compensatory damages totaling \$200,000 or more.
  - B.  Claims seeking primarily injunctive or declaratory relief.
3. This case also satisfies one or more of the following criteria as set forth in section E of the Amended Memorandum of Operation, as the case involves: *Check all applicable*
  - A.  Technology licensing agreements or any agreement involving the licensing of any intellectual property right, including patent rights.
  - B.  The internal affairs of one or more businesses.
  - C.  Claims of breach of contract, fraud, misrepresentation, or statutory violations between businesses.
  - D.  A shareholder derivative or commercial class action.
  - E.  Commercial bank transactions.
  - F.  Trade secrets, or non-compete, non-solicitation, or confidentiality agreements.
  - G.  Commercial real property disputes.
  - H.  Antitrust or securities-related actions.
  - I.  Business tort claims.

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4. The following reflect the status of this case:

A. Date case was filed in district court: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_  
Month Day Year

B. Trial scheduling order (Rule 23.5) has been filed:  Yes  No

C. All parties have been joined:  Yes  No

D. The pleadings have closed:  Yes  No

*If no, pleadings close on:* \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_  
Month Day Year

E. Discovery has been completed:  Yes  No

*If no, it shall be completed by:* \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_  
Month Day Year

F. A demand for a jury trial has been filed:  Yes  No

G. Trial date is set:  Yes  No

*If yes, trial is set to begin:* \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_  
Month Day Year

H. The estimated length of the trial is: \_\_\_\_\_ days.

5. Related cases:

*Identify all pending cases related to this case, if any. Attach additional sheets if necessary.*

Case Name	Case Number	County	Judge

Check this box if you are attaching a sheet with additional related cases.

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6. List the names of plaintiffs and attorneys and the contact information for attorneys of plaintiffs.  
*Attach additional sheets if necessary.*

Plaintiff names	Attorney names and addresses	Attorney email and phone numbers

*Check this box if you are attaching a sheet listing additional names and contact information for plaintiffs.*

7. List the names of defendants and attorneys and the contact information for attorneys of defendants.  
*Attach additional sheets if necessary.*

Defendant names	Attorney names and addresses	Attorney email and phone numbers

*Check this box if you are attaching a sheet listing additional names and contact information for defendants.*

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8. The undersigned is attorney for:

Plaintiffs: \_\_\_\_\_  
*Identify the plaintiffs represented by the submitting attorney.*

Defendants: \_\_\_\_\_  
*Identify the defendants represented by the submitting attorney.*

9. **Oath and signature**

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct, that all parties to this action have agreed to join this Joint Consent, and that all parties to this action and the Iowa State Court Administrator have been served with a copy of this Joint Consent.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Attorney's Signature*

\_\_\_\_\_  
*Attorney's printed name Attorney's law firm*

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

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

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

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