**In the Iowa District Court for Polk County**

|  |  |
| --- | --- |
| **State of Iowa,**  *Plaintiff*,  v.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**  *Defendant*. | **Criminal No:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Waiver of Jury Trial** |

**Comes Now** the Defendant and states:

1. I understand that I have a right to jury trial. In other words, I understand that unless I waive (give up) the right to a jury trial, I would be tried to a jury of twelve (12) members of the community and that I would be allowed to participate in the jury selection process. I understand that each and every one of them, all twelve (12), would have to be convinced that the State had proven me guilty beyond a reasonable doubt before I could be found guilty in the above captioned case. I understand that by waiving or giving up this right, a judge alone will decide whether I am guilty or not and that only one person -- the judge -- would have to be convinced beyond a reasonable doubt of my guilt for me to be convicted. I understand the judge will issue his findings in writing.

2. I have discussed the rights related to a jury trial with my attorney. I understand those rights. I give up my right to a jury trial and I agree that I will never challenge this case based on a claim that my right to a jury trial was violated.

3. I give up this right knowingly voluntarily, and intelligently. No one has made any threats or promises to persuade me to waive this right. No one has made any attempts to influence this decision. I do not believe I will receive any special rewards or benefit from the court, or the prosecution in exchange for this waiver. I understand that once I waive this right, I am not guaranteed that any particular judge will handle my case or my sentencing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Defendant Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attorney for Defendant Date**