**IN THE IOWA DISTRICT COURT FOR POLK COUNTY**

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**STATE OF IOWA, \***

*Plaintiff,* **\* Criminal No.**

 **\***

**v \* WAIVER OF MINUTES OF**

**, \* TESTIMONY**

*Defendant.* **\***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMES NOW** the Defendant and states:

1. I understand that I have the right to "Minutes of Testimony," which includes a list of the witnesses the State intends to call to testify if my case goes to trial and an outline of the testimony which each witness would give. These rights are guaranteed by Iowa Rules of Criminal Procedure.

2. I waive and give up my right to have Minutes of Testimony filed in my case and stipulate that there is probable cause for the charges set out in the trial information in the above-captioned case. I waive this right because I am familiar with the evidence against me. I also understand that it takes time to research and prepare minutes of testimony and I wish to have my trial information filed as quickly as possible in the hopes of resolving my case as quickly as possible. I believe this waiver is in my best interests and I agree I will never challenge these charges, or any conviction entered in this case, based on a claim that my rights were violated by the fact that no minutes of testimony were prepared or presented to me in this case.

**WHEREFORE** the Defendant asks the Court to approve the filing of the Trial Information in the above-captioned case without Minutes of Testimony.

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney for Defendant