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

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| **State of Iowa,** *Plaintiff*,v.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Defendant*. | **Criminal No:****Notice to Court:****Acceptance of Plea Agreement, Waiver of** **Speedy Indictment/Speedy Trial, and****Request for Continuance***Defendant is in custody.* |

**Now On** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Defendant is charged with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in violation of Iowa Code §(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is represented by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***Defendant states to the Court as follows:***

* I am charged in my true and correct name. I am satisfied with the advice and services of my attorney.
* I am of sound mind. I am not under the influence of any drug, medication or alcohol that would hurt my ability to make decisions.
* The State has offered me diversion, and will dismiss my charge(s) upon satisfactory completion of the Victim Impact Awareness Program, and payment of victim restitution in full. I must call Des Moines Area Community College at **515-964-6800** within three working days to enroll in this program. Restitution must be paid in full, consistent with the agreement of the parties.
* I understand that failure to complete the Victim Impact Awareness Program and/or pay full victim restitution will result in withdrawal of the offer for diversion, and this matter will be reset for trial
* I request that this matter be continued to a date agreed upon by my attorney and the State of Iowa, to allow time for me to complete the Victim Impact Awareness Program, and pay my restitution obligation.
* I request that the Polk County Clerk of Court be ordered to accept restitution in advance of a plea in this case.
* As part of this agreement, I agree to pay full court costs.
* I admit I did the following:
* I understand that the admission statement, written above, may be used against me in future proceedings, if I fail to complete the terms of this agreement.
* I understand that I have the following rights and I give up each of the rights below:

Waiver of Speedy Indictment/Speedy Trial/Minutes of Testimony.

\_\_\_\_\_\_ **1.**  Iowa Rule of Criminal Procedure 2.33(2)(a) gives the defendant the right to have formal charges filed against him or her by either a Grand Jury indictment or a filing of County Attorney’s Trial Information within 45 days of his or her arrest. This is called the right of speedy indictment. I hereby waive this right.

\_\_\_\_\_\_ **2.** Iowa Rule of Criminal Procedure 2.33(2)(b) provides that the defendant has a right to be brought to trial within 90 days of the filing of a Grand Jury Indictment or a County Attorney’s Trial Information against him or her. I hereby waive this right.

\_\_\_\_\_\_ **3.** Iowa Rule of Criminal Procedure 2.4(7)(b) and 2.5(5) provides that the indictment filed against him or her must include notice of the name, place of residence and occupation of the witness upon whose testimony the indictment or Trial Information was based as well as a full and fair statement of the witnesses testimony that was either provided to the Grand Jury or expected at trial. I hereby waive this requirement.

* I give up each of these rights knowingly, intelligently and with a full understanding of these rights. I have discussed this decision with my attorney. I understand that if I elect to withdraw from this agreement or I fail to complete the terms of the agreement outlined above, and I am brought to trial or held to answer to the original charge(s) filed against me, I cannot claim that the rights mentioned above were violated in any way.

**My signature below means I read and understood all of the statements above and that all of the statements are true and correct.**

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**Defendant Defendant’s Attorney**