

IN THE IOWA DISTRICT COURT FOR SCOTT COUNTY

STATE OF IOWA,)	CAUSE NO
)	
Plaintiff,)	
)	
vs.)	CONSENT TO WAIVE PRESENCE
)	
_____,)	
)	
Defendant.)	

I consent and agree that my attorney can appear for me and enter a plea of guilty to the offense(s) of _____ in violation of Section(s) _____ in the Code of Iowa. In doing so, I acknowledge that I have read the Minutes of Testimony attached to the Trial Information. I agree that the Minutes of Testimony are substantially correct and I admit that there is factual basis for the charge(s) against me.

I further agree that the court may impose sentence without my being present. I understand and give up my right to challenge and/or appeal from any irregularities or errors in the taking of my guilty plea by the filing of a Motion in Arrest of Judgment. I also give up my right to have sentencing and/or judgment entered at least fifteen days after the entry of my guilty plea.

Dated this _____ day of _____, 20__.

Defendant

Witness