

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, IOWA

STATE OF IOWA,  vs.  _____, Defendant.	Case No.: _____  <b>ATTORNEY SELECTION FORM</b>
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I, \_\_\_\_\_ have been advised of my right to representation by a  
PRINT FIRST AND LAST NAME  
lawyer for the criminal charge(s) pending against me if I am determined to be indigent and without  
enough financial resources to hire a lawyer.

1. If determined to be indigent, I understand that I am able to select a lawyer from the list of lawyers approved to represent me.
2. I know that I may list up to three (3) lawyers from the list provided who I would like to represent me in my case. I understand that only ONE lawyer will be appointed to represent me. In order of preference, the lawyer that I would like to represent me is as follows:

(1) My first choice is: \_\_\_\_\_.

(2) My second choice is: \_\_\_\_\_.

(3) My third choice is: \_\_\_\_\_.

**-OR-**

I have no preference; please choose my lawyer for me.

3. I understand that if none of the lawyers I have listed above are available (i.e. too busy, has a conflict) or if I select the “no preference” option, the judge will select a lawyer for me.

Defendant's Signature: \_\_\_\_\_