

Joint Consent for Case Assignment to the Iowa Business Specialty Court

Plaintiffs *Full name: first, middle, last*

vs.

Defendants *Full name: first, middle, last*

Case no. _____

County _____

*Submit this form to the Iowa State Court
Administrator. Do not file this form with the clerk
of district court.*

**Joint Consent for Case Assignment to
the Iowa Business Specialty Court**

1. Pursuant to the Iowa Supreme Court “Memorandum of Operation” for the Iowa Business Specialty Court Pilot Project, the parties to this case hereby request and consent to assignment of this case to the Iowa Business Specialty Court.
2. The parties assert that the claims in this case meet one or both of the criteria set forth in section E of the Memorandum of Operation as follows:
 - A. ☐ Claims for compensatory damages totaling \$200,000 or more.
 - B. ☐ Claims seeking primarily injunctive or declaratory relief.
3. This case also satisfies one or more of the following criteria as set forth in section E of the Memorandum of Operation, as the case involves (check if applicable):
 - A. ☐ Technology licensing agreements or any agreement involving the licensing of any intellectual property right, including patent rights;
 - B. ☐ The internal affairs of one or more businesses;
 - C. ☐ Claims of breach of contract, fraud, misrepresentation, or statutory violations between businesses;
 - D. ☐ A shareholder derivative or commercial class action;
 - E. ☐ Commercial bank transactions;
 - F. ☐ Trade secrets, or non-compete, non-solicitation, or confidentiality agreements;
 - G. ☐ Commercial real property disputes;
 - H. ☐ Antitrust or securities-related actions;
 - I. ☐ Business tort claims.

4. The following reflect the status of this case:

A. Date case was filed in district court: ____ / ____ / 20____
Month Day Year

- B. Trial scheduling order (Rule 23.5) has been filed: ☐ Yes ☐ No
- C. All parties have been joined: ☐ Yes ☐ No
- D. The pleadings have closed: ☐ Yes ☐ No

If no, explain: _____

- E. Discovery has been completed: ☐ Yes ☐ No

If no, it shall be completed by: _____ / _____ / 20____
Month Day Year

- F. A demand for a jury trial has been filed: ☐ Yes ☐ No

- G. Trial date is set: ☐ Yes ☐ No

If yes, trial is set to begin: _____ / _____ / 20____
Month Day Year

- H. The estimated length of the trial is: _____ days.

5. List the names of plaintiffs and attorneys and the contact information for attorneys of plaintiffs.
Attach additional sheets if necessary.

Plaintiff names	Attorney names and addresses	Attorney email and phone numbers

- ☐ Check this box if you are attaching a sheet listing additional names and contact information for plaintiff(s).

Continued on next page

6. List of defendants and attorneys and contact information for attorneys of defendants.

Attach additional sheets if necessary.

Defendant names	Attorney names and addresses	Attorney email and phone numbers

☐ Check this box if you are attaching a sheet listing additional names and contact information for plaintiff(s).

7. The undersigned is attorney for the following

☐ Plaintiffs: _____

☐ Defendants: _____

8. I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct, that all parties to this action have agreed to join this Joint Consent, and that all parties to this action and the Iowa State Court Administrator have been served with a copy of this Joint Consent.

_____, 20____
Signed on: Month Day Year Attorney's signature

Attorney's printed name Attorney's law firm

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address, if applicable

Service to the State Court Administrator
(via email or regular mail):

State Court Administrator
1111 East Court Avenue
Des Moines, IA 50319

Email: Business.Court@iowacourts.gov
Phone: (515) 348-4880