

As a *victim*, you have a **right** to know what happens to the person who is accused of committing a crime against you. If you want to be notified about what happens in this case, please fill out and return the "Registration for Notification" form below.

Registration for Notification

Please note any changes to the information listed below.

| | | |
|--|--|-----------|
| My name is: | | Phone(s): |
| My address is: | | Email: |
| My Social Security Number is (optional): | | |

I am a victim in Case Number: _____ State of Iowa vs. _____
(Defendant's Name)

I wish to receive the information I have indicated below.

Date: _____ Signed: _____

Yes No Notification Details

____ ____ I want to be notified by the jailer if the defendant is released or escapes from jail.

____ ____ I want to be notified by the County Attorney if there are any changes in dates and times when I must appear in court.

____ ____ I want to know how I may be able to recover for the losses caused by this crime.

____ ____ I want to be notified by the Clerk of Court how the Court disposes of this case (i.e. what the final outcome is).

____ ____ I want to make a statement to the sentencing court about how this crime has affected me.

____ Written Statement ____ Oral Statement ____ Recorded Statement

*****Please return this to our office
Poweshiek County Attorney's Office, PO Box 455, Montezuma IA 50171
Thank you for your cooperation. *****

(FOR OFFICE USE)

Information/Copies sent to:

Sheriff/Jail: _____ Clerk: _____ DCS: _____

RESTITUTION INFORMATION

The laws of the State of Iowa provide that the Court, at the time of sentencing a criminal defendant, must consider ordering the defendant to make restitution to any victim of the defendant's crime or crimes. Our office needs to know the exact nature of your damages or losses so that they may be accurately reported to the Court.

The damages that can be subjects of restitution include all damages for which you have **not** been reimbursed by an insurer and which could be recovered through the civil courts. Examples of damages or losses for which defendants can be ordered to make restitution include property losses or damages and medical or dental expenses for injuries received.

The information that you provide to our office will be included in a report to the Court for the Court's consideration at the time of sentencing. The reporting of your losses does not necessarily guarantee that restitution can, or will, be paid by the Defendant. However, the fact that a defendant has been ordered to make restitution does not remove the right that you have to bring a civil action against the defendant for any losses or damages that you have sustained.

To assist our office in accurately reporting your losses or damages, please fill out the attached form and return it to our office within ten days. Also, please forward to our office any supporting documents (i.e. receipts) that you may have regarding your losses. If you have any questions, please feel free to call our office at your convenience.

"Victim Rights"

- To be reasonably protected from the accused throughout the criminal process.
- To be free from threats of discharge from your employer because you are subpoenaed by the prosecutor for Court.
- To know when you must appear in court.
- To register with the County Attorney and be notified when the defendant is released from jail.
- To receive restitution from the defendant for economic losses resulting from the crime.
- To consult with the prosecutor in order to give your views of this crime and know of court procedures regarding your case.
- To make a written Victim Impact Statement at the time of sentencing or verbally tell the Judge how you were impacted by the crime.
- To apply to the Iowa Crime Victim Compensation Program which pays for medical expenses and loss of income in cases of violent crimes.
- If you are a victim of a violent crime in which the defendant is sent to prison, to register with the Department of Corrections and the Board of Parole so you can be notified of parole hearings and the inmate's release.
- To receive notice if the defendant escapes custody while awaiting trial.

Restitution Information

| | | | |
|---------------------|--|-------------------------|--|
| My Name: | | Defendant's Name: | |
| My Mailing Address: | | Case Number: | |
| My Phone: | | Offense & Date Occured: | |

To be completed by victim:

List:

(1) Damaged Property: (Include copy of insurance policy to show deductible)

| DESCRIPTION OF ITEM | Value | Recovered Yes/No | Insured Yes/No | Insurance Payment |
|---------------------|-------|------------------|----------------|-------------------|
| | | | | |
| | | | | |

(2) Medical Expenses for Injuries Received:

| DESCRIPTION OF INJURY | Expense | To Whom Paid (e.g. Doctor, Hospital, etc.) | Insured Yes/No | Insurance Payment |
|-----------------------|---------|---|----------------|-------------------|
| | | | | |
| | | | | |

(3) Other Losses: (Such as loss of income due to injury)

| DESCRIPTION OF LOSS | Amount of Loss |
|---------------------|----------------|
| | |
| | |

(If additional space is needed, please place additional information on a separate sheet and attach.)

I certify that to the best of my knowledge, the information contained in this report is true and correct.

Signature: _____ Date: _____

VICTIM IMPACT STATEMENT

| | | | |
|--------------------------------|--|---------------------------|--|
| DEFENDANT'S NAME: | | COURT CASE NUMBER: | |
| OFFENSE(S)-CHARGES: | | | |
| DATE OF LOSS OR INJURY: | | | |
| Victim's Name: | | | |

A *Victim Impact Statement* is your opportunity to let the Court know the extent to which the crime has affected you. At the end of this case, prior to sentencing of the defendant, you have a right to address the court in writing and/or orally. The Victim Impact Statement is optional, and it is your right to choose if you want the Court to be aware of your feelings. The judge has information about the crime, but not how it has affected you and/or your family emotionally, physically, or financially.

This is your opportunity to state what impact this crime has made on you and your family. Please sign your name after your statement. You may use the back of this page or additional paper if needed. Your statement will be sent to the judge to read. Please be aware that the defendant may, upon filing, read the Victim Impact Statement.

I. HOW HAVE THE DEFENDANT'S ACTIONS AFFECTED YOU?

A. FINANCIAL/PHYSICAL IMPACT (check those that apply to you)

- | | | |
|----------------------------|--|--|
| 1. Missed work because of: | <input type="checkbox"/> Injuries | <input type="checkbox"/> Court Appearances |
| | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Counseling |
| 2. Experienced: | <input type="checkbox"/> Property/Financial Loss | <input type="checkbox"/> Property Damage |
| | <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Inconvenience |

B. EMOTIONAL IMPACT (check those that apply to you)

- | | |
|---|--|
| <input type="checkbox"/> Fear | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Sleep Problems | <input type="checkbox"/> Inconvenience |

II. HOW DO YOU FEEL THE JUDGE SHOULD SENTENCE THE DEFENDANT IN THIS CASE?

PROBATION (check one or more of the following conditions)

- Restitution owed: \$ _____
- Fine
- Charitable Contribution
- Community Service
- Substance abuse evaluation and treatment
- First-time offender class
- Batterer's Education Program
- No Contact Order (order prohibiting offender from having contact with victim)
- Other:

B. INCARCERATION (prison or jail)

- Length of incarceration you feel is necessary: _____

III. WHAT, IF ANY, INFORMATION WOULD YOU LIKE FOR THE JUDGE TO BE AWARE OF CONCERNING THIS CRIME AND THE IMPACT IT HAS HAD ON YOU AND/OR YOUR FAMILY?

(Please feel free to use the following questions as a *guide*.)

- What is the impact of this crime? Describe its effect on you, including such things as your feelings and fears.
- Describe any physical injury and treatment you have received as a result of this crime.
- Has this crime resulted in the need for counseling for you or your family? Do you anticipate any in the future?
- What comments do you have about the punishment the defendant should receive if found guilty of the crime?
- Any other comments that may apply to you and this crime that you would like to tell the judge.

***** Remember -- please sign your name after your statement. *****

COMMENTS: