

Defendant: _____
Charge: _____

Case #: _____

Name: _____

Cell: _____

Address: _____

Home: _____

Work: _____

Email: _____

REGISTRATION

Registration with Linn County Attorney's Office: You have a right to be a Registered Victim with the Linn County Attorney's Office. Registered victims receive notifications of trial dates, sentencing hearing dates and notifications of the case outcome.

- Would you like to be a registered victim? Yes No
- Would you like to receive notifications via email instead of mail? Yes No

** Please make sure you have provided your email above*

Registration with other agencies: You have a right to register with the additional agencies listed below. By checking the box next to the agency name, you will be notified of the following information:

- Linn County Sheriff's Department: Notice of offender's release or escape from jail
- Linn County Clerk of Court: Notice of a copy of the sentencing order
- Department of Justice: Notice of appeal after offender's conviction
- Department of Corrections: Notice of offender's release or escape from prison
- Board of Parole: Notice of offender's parole hearing

IOWAVINE

You can register with IowaVINE in order to receive information regarding an offender's custody status. This service is free and confidential. You will be notified by call, text or email of an offender's release, transfer, escape or death. Registration can only be done while the offender is in custody. Go to www.vinelink.com or call 1-888-7-IAVINE (1-888-742-8463).

IMPORTANT INFORMATION

- A Victim/Witness Coordinator from the Linn County Attorney's Office has been assigned to your case.
 - They can answer questions about this paperwork and about the court process.
 - To speak with a Victim/Witness Coordinator, call **(319) 892-6350**.
- If your address, phone number or email address changes at any time while the case is pending or while the offender is in prison, please call our office. You are responsible for updating your contact information with our office.
- If you know of other witnesses to this crime, please call our office with the person's name, address, phone number, and what information they can provide.
- Special accommodations needed? If yes, please explain: _____

Defendant: _____

Case #: _____

Charge: _____

Victim: _____

RESTITUTION

Do you have financial losses because of this crime? (Please provide receipts, estimates or any other documentation.)

Check all that apply:

- Property Damaged or Stolen Fraudulent Check Unauthorized Purchases
- Medical/Dental Expenses Counseling Expenses Lost Wages
- Other Losses No Loss I do not wish to claim any losses

Provide a description of the loss:	Value:	Recovered Y/N:	Dollar Amount:

Use back of page if needed.

Insurance for Property Loss

- I filed an insurance claim I did not file an insurance claim
- I paid an insurance deductible: \$_____

Total Loss: \$_____

CRIME VICTIM COMPENSATION PROGRAM

This program reimburses victims for medical/dental expenses, counseling expenses, lost wages, replacement of home security items and crime related travel. This program does not pay for property damage.

You must apply in addition to filling out this form by calling (800) 373-5044 or www.iowaattorneygeneral.gov

- I have already applied to this program
- I plan to apply to this program I am NOT applying to this program

To the best of my knowledge, the information on this form is true and correct.

Signature

Print Name

Date

VICTIM IMPACT STATEMENT

Case #: _____

Victim: _____

Defendant: _____

Charge: _____

Please complete this form in order to provide the prosecuting attorney and sentencing judge information about the impact this crime has had on your life. You may use additional paper if necessary.

Note: The defendant may see this form.

1. Total amount of financial expenses or loss: _____

2. Did you have a physical injury because of this crime? If yes, please explain how you were affected by that injury. Duration? Seriousness? Long-term problems?

3. Are you or any of your family members receiving counseling or therapy because of this crime? If yes, describe the types of services received, which family members received services and length of treatment.

4. Have you had any changes in your life because of this crime? (i.e., family relationships, personal well-being)

Have you experienced the following: Fear Sleep problems Depression Anxiety Inconvenience

5. Is there any other information you would like the Judge to know?

6. After the defendant pleads guilty or is found guilty at trial, you have the right to be present at the sentencing hearing. In addition to this form, you can make an oral Victim Impact Statement to the Judge if you would like. This is your only opportunity to personally tell the Judge how this crime has affected you. Check the box next to one of the following options:

I want to be notified of the sentencing date and time and I plan to make an oral Victim Impact Statement to the Judge. (If you decide at a later time that you no longer want to be present and/or give a statement please let the Victim/Witness Coordinator assigned to the case know.)

I waive my right to be present at the sentencing hearing and I understand that I will not be notified of the date and time of the sentencing hearing.

If you change your mind about wanting to make a statement, please notify the Victim/Witness Coordinator on your case.

NOTE: Please return this form within 30 days so this information can be provided to the Judge prior to sentencing.

7. The level of the crime is highlighted below:

LEVEL OF CRIME	POSSIBLE SENTENCE
Class A Felony	Life in prison
Class B Felony (Special Class)	Up to 50 years in prison
Class B Felony	Up to 25 years in prison
Class C Felony	Up to 10 years in prison and/or a fine between \$1,370 - \$13,660
Class D Felony	Up to 5 years in prison and/or a fine between \$1,025 - \$10,245
Aggravated Misdemeanor	Up to 2 years in prison and/or a fine between \$855 - \$8,540
Serious Misdemeanor	Up to 1 year in jail and/or a fine between \$430 - \$2,560
Simple Misdemeanor	Up to 30 days in jail and a fine between \$105 - \$855

The Judge may choose from a variety of sentencing options depending on the type of crime and the defendant's criminal history. Some options are prison, jail, probation, suspended jail time, a fine, or a combination of these. The Judge can also grant a deferred judgement, which means the charge would be removed from the defendant's record after completing probation.

8. What kind of sentence would you like the defendant to receive? (check all that apply)

- Jail/Prison Probation Suspended Jail Fine Deferred Judgement
 Not Sure Leave it up to the Judge

9. What are your thoughts about the sentence you would like the defendant to receive?

This form will be submitted to the court and may be read by the prosecutor, Judge, pre-sentence investigator, defense attorney and defendant.

Signature

Print Name

Date

Complete all forms and return to:

VictimWitness@linncounty.org

- or - Linn County Attorney's Office
Attn: Victim/Witness Division
51 3rd Avenue Bridge
Cedar Rapids, IA 52401