

# VICTIM REGISTRATION FORM

State of Iowa v. \_\_\_\_\_  
Case Number \_\_\_\_\_

In order to become a registered victim under Iowa Code Chapter 915, the victim must complete the following information and return it to:

**Blake H. Norman  
Hancock County Attorney  
855 State Street  
PO Box 70  
Garner, Iowa 50438**

Registered victims receive notification of activities involving the suspect/defendant throughout the investigation, arrest, court or trial proceedings, incarceration, appeals, parole hearings and release.

## **IT IS THE VICTIM'S RESPONSIBILITY TO NOTIFY THE COUNTY ATTORNEY OF ANY CHANGES IN CONTACT INFORMATION**

Victim's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Special instructions for contacting victim: (i.e. best times to call, do not call at work, alternate numbers to leave messages) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies sent by the County Attorney to:  
 Clerk of Court  Board of Parole  Sheriff/Jail  Dept. of Justice  Dept. of Correctional Services

# CRIME VICTIM STATEMENT OF PECUNIARY DAMAGES

State of Iowa v. \_\_\_\_\_

Case Number \_\_\_\_\_

**Victim:** \_\_\_\_\_

The following is a list of my out of pocket expenses not paid by insurance or Crime Victim Compensation Program.

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

5. \_\_\_\_\_ \$ \_\_\_\_\_

6. \_\_\_\_\_ \$ \_\_\_\_\_

7. \_\_\_\_\_ \$ \_\_\_\_\_

8. \_\_\_\_\_ \$ \_\_\_\_\_

9. \_\_\_\_\_ \$ \_\_\_\_\_

10. \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

I have received \$ \_\_\_\_\_ in reimbursement from insurance coverage.

I have received \$ \_\_\_\_\_ in reimbursement from the Crime Victim Compensation Program.

I have received \$ \_\_\_\_\_ in reimbursement from other sources.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Victim's Signature

