

**JUVENILE COURT SERVICES**

222 5<sup>th</sup> Ave.  
Des Moines, Iowa 50309  
(515)286-3960  
Fax: (515) 286-3029

**JOHN P. SARCONE, POLK COUNTY ATTORNEY**

222 5<sup>th</sup> Ave.  
Des Moines, Iowa 50309  
(515) 2863737  
Fax: (515) 323-5303

February 14, 2019

Dear Victim:

According to our records, you were a victim of a crime that occurred in Polk County Iowa. I am the Juvenile Court Specialist assigned to assist you in the above-entitled case. Enclosed is the Juvenile Victim Impact Packet. The attached forms will be used by Juvenile Court Services throughout the process to better understand the emotional/psychological, physical, and financial impact of the crime. If this case is goes to court, the Polk County Attorney's office and the Judge will also utilize this information. Please contact the juvenile specialist to get a, juvenile case number, charge and name of juvenile.

Please complete the forms (**AS SOON AS POSSIBLE**) and mail or email to Tammy Walker. If you change your contact information (address, telephone number, employer) let us know as soon as possible.

Please contact me if you have any questions or concerns.

Sincerely,

Tammy Walker  
Juvenile Court Specialist  
Phone 515-286-3299  
[Tammy.Walker@iowacourts.gov](mailto:Tammy.Walker@iowacourts.gov)

Rusty Shore  
Juvenile Court Victim Liaison  
(515)286-2010  
[Rusty.Shore@polkcountyiowa.gov](mailto:Rusty.Shore@polkcountyiowa.gov)

**The following is a list of resources that may be beneficial to you:**

**Polk County Crisis and Advocacy Services** - They serve victims of crime through crisis intervention and ongoing supportive services. Advocates are available regardless of law enforcement involvement or length of time since the crime, assault or abuse. All services are free and confidential. Please call **515-286-3600 (emergency only: 515-286-3535)**.

**Iowa Attorney General, Crime Victim Assistance Division** – They serve victims of crime by helping with certain out-of-pocket expenses resulting from the crime. Please call 515-281-5044 or go to <http://www.iowaattorneygeneral.gov> and click on “For Crime Victims”

## VICTIM REQUEST FOR REGISTRATION

**JUVENILE NO.**

**NAME:**

**CHARGE:**

As a reported victim, (as defined in Section 915.10) of an alleged delinquent act, you have certain rights as defined by Iowa law. These rights are listed below. If you want this information, you must register by completing this form and returning it immediately in the enclosed envelope. It is your responsibility to notify the individual agencies listed above of any change of address.

**PLEASE CHECK OFF THE INFORMATION YOU WISH TO RECEIVE:**

- To be notified of the names and addresses of the child and the child's custodial parent/guardian.
- To be notified of the specific charge or charges resulting in a police complaint for informal adjustments or filed in a petition and regarding any dispositional orders.
- If the case is processed through the formal court system, notice of the scheduled date, time and place of trial, and the cancellation/postponement of any court proceeding requiring your attendance as the victim.
- To be informed of your right to restitution under Section 915.100, Iowa Code. (You must complete the attached restitution form if you would like to seek assistance in collecting reasonable restitution).
- You are notified of your right to offer a signed Victim Impact Statement and to orally present the victim impact statement in court as per section 232.28 and 915.26 Iowa Code. Your **Victim Impact Statement must be postmarked no later than (TWO WEEKS FROM LETTER).**

You also have the right to be informed of the availability of assistance through the crime victim compensation program under Chapter 915.24, Iowa Code. Please call 515-281-5044 or go to <http://www.iowaattorneygeneral.gov> and click on "For Crime Victims"

**This victim request for registration, pursuant to Iowa Code Section 915.12, shall be strictly maintained in a separate confidential file, and shall be available only to the offices, agencies, and departments required to provide information under this subchapter.**

\_\_\_\_\_  
Victims Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

# VICTIM IMPACT STATEMENT

This statement is voluntary and **may be read by the alleged juvenile offender**. This form gives you an opportunity to share your feelings about being the victim of a delinquent act with the Juvenile Court Officer, and if the case goes to court, Polk County Attorney's Office and the Judge.

## HOW HAVE THE JUVENILE OFFENDER'S ACTIONS AFFECTED YOU?

### FINANCIAL

- Financial Losses
- Property Loss
- Property Damage
- Medical Expenses
- Counseling
- Court Appearances

### PHYSICAL

- Injuries
- Medical Care

### EMOTIONAL

- Fear
- Depression
- Sleep Problems
- Concern for Safety

## VICTIM IMPACT STATEMENT:

You may attach additional sheets of paper, if more room is needed.

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

**IN THE JUVENILE COURT FOR POLK COUNTY**

In the Interest of

**JUVENILE NO.**

**A Child.**

**VICTIM'S PECUNIARY  
DAMAGE STATEMENT**

I have incurred the following monetary losses, including property damage, medical expenses, and loss of income as a result of the juvenile offender's delinquent act(s) in the above matter.

ITEM AND DESCRIPTION	VALUE	RECOVERED YES/NO	INSURED YES/NO	INSURANCE COMPANY

**Total amount of restitution owed: \$ \_\_\_\_\_**

(You must attach photocopies of documents that verify your loss.)

Check one:    ( ) I have filed a claim with the Iowa Crime Victim Compensation Program.

                  ( ) I have **not** filed a claim with the Iowa Crime Victim Compensation Program.

*This statement is voluntary and may be read by the juvenile offender.*

**On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I certify to the best of my ability that this statement is true and accurate.**

**Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_**

**Address \_\_\_\_\_ Telephone (day/evening) \_\_\_\_\_**