

**VICTIM & SURVIVOR IMPACT STATEMENT**

**A victim impact statement will be part of the confidential file and will be read by the Judge, the prosecutor, the defense attorney, the defendant, and the presentence investigator. You may use another piece of paper if necessary.**

**Name of Defendant:** \_\_\_\_\_

1. Did you experience any financial expenses or losses due to this crime? If yes, please explain.

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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, etc.)

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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 services.

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4. Have you experienced any of the following: Fear Sleep problems Depression  
Anxiety Inconvenience

5. Is there anything else you would like the Judge to know?

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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, or a combination of these. The Judge can also grant a deferred judgment, which means the charge would be removed from the defendant record after completing probation.

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 \$1,000-\$10,000
Class D Felony	Up to 5 years in prison and/or a fine between \$750-\$7,500
Aggravated Misdemeanor	Up to 2 years in prison and/or a fine between \$625-\$5,250
Serious Misdemeanor	Up to 1 year in prison and/or a fine between \$315-\$1,875
Simple Misdemeanor	Up to 30 days in jail and/or a fine between \$65-\$625

7. What are your thoughts about the kind of sentence you would like to see the defendant receive?

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Please indicate if you would like to make an oral presentation of this information to the sentencing judge.

**I would like to make a statement to the court at the time of sentencing.**

Written Statement     Oral Statement     No, I waive my right to give a statement

**I would like to be notified of the date and time of the sentencing hearing.**

Yes     No

**I would like to be present at the sentencing hearing.**

Yes     No, I waive my right to be present at sentencing

\*I understand that I must notify the Tama County Attorney's Office if I change my mind.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Please return this form **within 30 days** of receipt if possible. This information must be provided to the Judge prior to sentencing to be taken into consideration.