

## VICTIM & SURVIVOR IMPACT STATEMENT

State of Iowa vs. \_\_\_\_\_  
Criminal Number: \_\_\_\_\_  
County: \_\_\_\_\_  
Prosecutor: \_\_\_\_\_  
Sentencing Date: \_\_\_\_\_  
Defendant Entered a Plea to: \_\_\_\_\_  
Found Guilty of: \_\_\_\_\_  
Victim in this case: \_\_\_\_\_

As a victim or a survivor of a crime you have a right to address the Court before the sentencing of the defendant through this Victim Impact Statement or an oral statement to the court. The Judge has information about the crime but not how it has affected you. To assist the Court in its effort to weigh all factors before sentencing, please review the questions listed below. This is your opportunity to state what impact this crime has made on you personally and your family. Please sign your name after your statement. Your statement will be given to the Judge to read and will become part of the confidential file. You may address the Court orally at the sentencing in the presence of the defendant if you wish or by your written statement. The impact statement will be read by the Judge, the prosecutor, the defense attorney, the defendant and the pre-sentence investigator. **(IOWA CODE CHAPTER 915.21)**

1. Please describe the nature of the crime \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you been psychologically affected as a result of the crime? If yes, please describe the psychological impact the best you can.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you received any counseling or therapy as a result of the crime? If yes, please describe the length of time that you have been or will be undergoing counseling or therapy.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has this crime affected your ability to earn a living? If yes, please describe your employment and specify how and to what extent your ability to earn a living has been affected, days lost from work, etc.

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5. Has this crime changed your lifestyle or your family's lifestyle? Please explain.

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6. Please describe what being a victim or survivor of a crime has meant to you and your family.

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7. Do you have any thoughts or suggestions on the sentence which the Court should impose on the Defendant in this case? Please explain and indicate whether you favor imprisonment.

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8. Were you physically injured as a result of this incident? If so, please describe the extent of your injuries.

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9. Did you require medical treatment for injuries suffered? If so, please describe the treatment received and the length of time the treatment was required.

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10. Have you had expenses that have **not been covered by insurance** as a result of this crime? For example, were there repair expenses, or mileage to court, or clothing replacement costs? Please list and explain.

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11. What are your feelings about the Criminal Justice System? Have your feelings changed as a result of this incident? Please explain.

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12. What changes do you feel could be made so victims and survivors of crime are less traumatized by the Criminal Justice Process?

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**THANK YOU** for taking the time to fill out this victim/survivor impact statement. Please sign your name and send or give this to your contact person.

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Your Signature