

VICTIM REGISTRATION

State of Iowa vs. \_\_\_\_\_

County: Winneshiek Case Number: \_\_\_\_\_

Charges: \_\_\_\_\_

County Attorney: Andrew F. Van Der Maaten

PLEASE REVIEW THE FOLLOWING INFORMATION AND CORRECT OR ADD ADDITIONAL INFORMATION AS NEEDED. PLEASE PRINT CLEARLY.

Name & Address:

Phone:

Please include any contact numbers not shown above and identify them:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cellular: \_\_\_\_\_ EMAIL \_\_\_\_\_

WORK HOURS \_\_\_\_\_

SPECIAL INSTRUCTIONS ON CONTACTING: \_\_\_\_\_

DATES OF ANY OUT-OF-TOWN TRIPS IN NEXT SIX MONTHS:

PLEASE NOTE: IT IS THE VICTIM'S RESPONSIBILITY TO NOTIFY THE COUNTY ATTORNEY'S OFFICE OF ANY ADDRESS CHANGES.

PLEASE MARK ONE

I DO wish to register for all Victim Notification.

I DO NOT wish to register for any Victim Notification.

COUNTY ATTORNEYS USE ONLY - See section 915.12 (2005 Iowa Code)

Entered \_\_\_\_\_ Clerk \_\_\_\_\_ Sheriff \_\_\_\_\_  
Dep't of Corrections \_\_\_\_\_ Parole \_\_\_\_\_ Dep't of Justice \_\_\_\_\_