

Rachel Zimmermann Smith County Attorney

Susie Nehring
First Assistant County Attorney

Office of the Johnson County Attorney

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August 16, 2023

Criminal

Michael D. Brennan Jude T. Pannell Michael Lang Jeff Brunelle Haley Huddleston Oubonh P. White James R. O'Hollearn

Juvenile

Emily Vos

Civil

, 20

Ryan Maas Lynn Rose Nathan H. Peters David M. VanCompernolle

Child Support

1-(888) 229-9223

RE: State of Iowa vs.

District Court Number

this offender probation or prison status.

Victim's Signature:

VICTIM REGISTRATION

If a defendant is placed on probation at the time of sentencing victims of that crime have the right to be registered with the Iowa Department of Community Corrections. If you choose to register, the Johnson County Attorney's Office will then provide the Iowa Department of Correction with your contact information at the time of sentencing. The DOC will then notify you of this defendant's progress while on probation.

If a defendant is sentenced to prison at the time of sentencing victims of that crime have the right to be registered with both the Iowa Department of Corrections and the Iowa Board of Parole. If you choose to

register, the Johnson County Attorney's Office will then provide both the Iowa Department of Correction and the Iowa Board of Parole with your contact information at the time of sentencing. Registered victims will then be notified of the date and time of any hearings that pertain to the defendant's release from prison and will have the right to have input if you wish.

If you would like to register you must complete the following questions and return them to the Johnson County Attorney's Office. By registering, we will automatically register you with the Johnson County Clerk of Court.

		the Iowa Department of Corrections and the Office permission to release the following in	
	Mailing Address:		
	Phone:	E-mail:	
** <i>I</i>	f the Iowa Department of Corr	ections or Board of Parole and unable to re	each me at the
con	tact information listed above I	give them permission to try the secondary c	ontact listed below.
	Secondary Contact:		
	Phone:		
	E-mail:		
Victim's Signature:		Date:	, 20 .
<u>OR</u>			
		r notification from the Iowa Department of O y choosing this option I will receive no form	

Date: