



FACILITATOR DIALOGUE MEETING APPLICATION

To be completed by each facilitator. Additional pages may be attached if needed.

Name _____ Name of organization, if applicable _____

Address _____ Telephone number _____

Name of victim/survivor requesting dialogue, if known _____ Name of offender, if known _____

Describe how you were selected to facilitate the meeting process: _____

Explain why you agreed to facilitate the meeting process: _____

Have you ever facilitated a meeting between a victim/survivor and an offender? No Yes

If yes, explain: _____

Other experience/training related to this type of meeting: _____

Describe the facilitator's role in a victim/offender facilitated dialogue meeting: _____

Describe the potential benefits of this process: _____

Describe the potential risks of this process and the steps you will take to address them: _____

ACKNOWLEDGMENT

I have read and agree to DOC 390.350 Victim/Offender Facilitated Communication, and to the best of my knowledge, this request meets the criteria set forth in the policy. I understand that information contained in this application will be shared with the Office of Crime Victim Advocacy, and as the meeting process moves forward, certain information will be shared with the offender (e.g., purpose/reason for meeting).

I further understand the Department of Corrections will make every effort to maintain the confidentiality of my contact information. My information may be subject to disclosure in certain circumstances per public disclosure laws.

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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