



VICTIM/SURVIVOR DIALOGUE MEETING APPLICATION

This application is used to request a victim/offender facilitated dialogue meeting with the offender in your case. Your application will be reviewed jointly by the Department of Corrections and the Office of Crime Victim Advocacy to determine if your request meets the criteria outlined in DOC 390.350 Victim/Offender Facilitated Communication.

Please complete the application with as much information as possible. Any portion you do not know may be left blank. Additional pages may be attached if more space is needed.

Name: _____ Birth date: _____

The address you provide could be subject to disclosure under current law. If you do not wish to provide us with your personal information due to public disclosure laws, please provide another way to contact you (e.g., PO Box, intermediary).

Address: _____ City: _____

State: _____ Zip code: _____ Telephone: _____

Best time to contact you: _____

CASE INFORMATION

Name of incarcerated _____ DOC number _____

Date of offense _____ Date of sentence _____

County of conviction _____ Cause number _____

Sentencing Judge _____ Approximate age of offender at time of offense _____

Facility housing the offender, if known: _____

Other information to identify/locate the offender (e.g., alias, middle name, birth date/age): _____

Description of the offense: _____

Your connection to the offense (e.g., victim, family member/friend of victim): _____

Your relationship to the offender, if any: _____

To your knowledge, are there any court orders that would prohibit you from having contact?
 No Yes, explain: _____

Explain why you feel a facilitated meeting would be helpful to you: _____

Do you have any personal safety concerns related to the meeting? No Yes, explain: _____

Limited options will be provided for the physical configuration of the meeting. You may change your preference of the meeting configuration before the meeting based on safety and/or comfort. Indicate which arrangement you would prefer, if available at the facility:

- A room without a barrier and a custody employee present
- A barrier between the participants to allow visual and auditory contact but no physical contact, and a custody employee present
- Other: _____

A security level higher may be configured based on the protection of all participants and the safe, secure operations of the facility.

Do you have any special accommodations needed? No Yes, explain: _____

Have you ever participated in a meeting like this before? No Yes, explain: _____

Do you have family/friends who know of your interest to participate? No Yes, explain: _____

How did you find out about the victim/offender facilitated dialogue meeting process? _____

Comments: _____

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.

I request the following information contained in this application not be disclosed to the offender:

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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