



ACCOUNTABILITY LETTER BANK REQUEST TO PARTICIPATE

Letters may be written to more than one victim/survivor. Submit a separate request for each letter.

Name _____ DOC number _____

Address _____

Full name of victim/survivor/witness _____ Relationship if not direct victim (e.g., parent, spouse, child, other family/community member) _____

Crime(s) for which you are taking responsibility: _____

Date(s) and location(s) of the crime(s): _____

Have you participated in programming? No Yes, explain what type(s): _____

Letters will be reviewed by the Victim Services Program before accepting for deposit in the ALB. Letters will be returned if they do not meet the intended purpose or are inappropriate, and may be reconsidered with revisions. Letters will be withheld if there are court orders prohibiting contact.

Do not attempt to contact the victim/survivor directly. Letters accepted for deposit will be logged and stored until the letter is received by the registered victim/survivor.

ACKNOWLEDGMENT

I agree that I will not use the Accountability Letter Bank or my participation in the program to support a petition for clemency, any review process conducted by the Indeterminate Sentence Review Board, if applicable, requests for classification change or facility placement, or for any other purpose that would benefit me other than the opportunity for personal insight and growth.

Signature _____ Date _____

Submit the completed request with your letter to:

Washington State Department of Corrections
Victim Services Program
P.O. Box 41119
Olympia, WA. 98504-1119

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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