



VICTIM/OFFENDER FACILITATED DIALOGUE MEETING LETTER

Date
Name
Address
City, State Zip code

Dear Name,

Enclosed is the application packet to request a facilitated meeting with an offender, including:

1. The application, which must be filled out by you and returned to the Washington State Department of Corrections Victim Services Program.
2. The Department of Corrections policy DOC 390.350 Victim/Offender Facilitated Communication. It is important you read through this policy to familiarize yourself with the criteria for the process.
3. A general authorization to release information, which allows Department employees to inform the offender of your interest in a meeting.

Please return the completed application to the **Department of Corrections, Victim Services Program, PO Box 41119, Olympia, WA 98504-1119**. Completing the application does not ensure a meeting will occur. The application will be reviewed by the Department of Corrections and the Department of Commerce Office of Crime Victim Advocacy per the criteria outlined in DOC 390.350 Victim/Offender Facilitated Communication. You will be contacted as to the status of your request.

The Victim Services Program will identify a facilitator(s) to work with you in this process. Please keep in mind that neither the Department of Corrections nor the Office of Crime Victims Advocacy has funds available to cover costs associated with facilitating dialogue meetings.

Please understand that even if the criteria is met, the meeting will only occur if all parties are willing to participate in the process. The process is strictly voluntary and you can decide to terminate the process at any time. Participation will not affect the offender’s legal or custody status, release date, or other conditions of incarceration.

We are interested in working with you in this process. If you have any questions, please contact me at the Department of Corrections Victim Services Program toll free number 1-800-322-2201. You may also contact the Office of Crime Victim Advocacy at the toll free number 1-800-822-1067.

Sincerely,

[Redacted signature area]

Name, Manager
Victim Services Program

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.

Distribution: **ORIGINAL** - Requestor **COPY** - Victim Services Program