**ACCOUNTABILITY LETTER BANK**

**Request to Participate**

**Letters may be written to more than one victim/surviving family member. 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. In cases where an existing court order prohibits contact, a one-time modification may be requested by Victim Services Program to allow delivery of the letter.

**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.

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| **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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