The Oklahoma Department of Corrections Community Outreach Unit Victim Inmate/Offender Dialogue Victim Consent

To whom it may concern:	
I,, an	n participating in the Victim Inmate/Offende
Dialogue program under my own free will	and do not hold the Oklahoma Department of
Corrections (ODOC) or the Attorney Gene	eral's office responsible for any negative effects
that might occur as a result of this experie	, , , , , , , , , , , , , , , , , , ,
I understand that the preparation proces	ss of victim inmate/offender dialogue includes
talking with at least one facilitator represe	enting the Office of Community Outreach. The
facilitator(s) will then share information the	hey deem appropriate, during the preparatior
phase, with the inmate/offender. As a vic	tim of this crime, I further understand that the
ODOC is conducting this dialogue at my r	equest and I am aware that their only role is to
facilitate this meeting with	, the inmate/offender ir
my case.	
My signature below indicates that I am	aware and permit the ODOC to facilitate the
dialogue process.	
Victim Signature	Date
Witness Signature	Date