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

To whom it may concern:	
I,, an	n participating in the Victim Inmate/Offende
	and do not hold the Oklahoma Department of
Corrections (ODOC) or the Attorney Gene	ral's office responsible for any negative effects
that might occur as a result of this experie	nce.
I understand that the preparation proces	s 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	ney deem appropriate, during the preparation
phase, with the inmate/offender. As a vic	tim of this crime, I further understand that the
ODOC is conducting this dialogue at my re	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