

The Oklahoma Department of Corrections
Victims Services Unit **Victim** Consent Form

To whom it may concern:

I, _____ am participating in the victim Inmate dialogue program under my own free will and do not hold the Oklahoma Department of Corrections or The Attorney General's office responsible for any negative effects that might occur as a result of this experience.

I understand that the preparation process of victim Inmate dialogue includes talking with at least one facilitator, representing the Office of Victim Services. The facilitator(s) will then share information they deem appropriate, during the preparation phase, with the Inmate. As a **victim** of this crime, I further understand that the Oklahoma Department of Corrections is conducting this dialogue at my request and I am aware that their only role is to facilitate this meeting with _____, the inmate in my case.

My signature below also indicates that I am aware and permit the Oklahoma Department of Corrections to facilitate the dialogue process.

Name

Date

Witness

Date