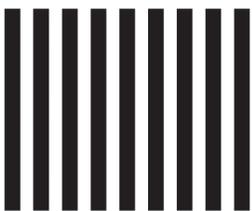


KNOWLEDGE IS POWER

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 256 OLYMPIA WA

POSTAGE WILL BE PAID BY ADDRESSEE

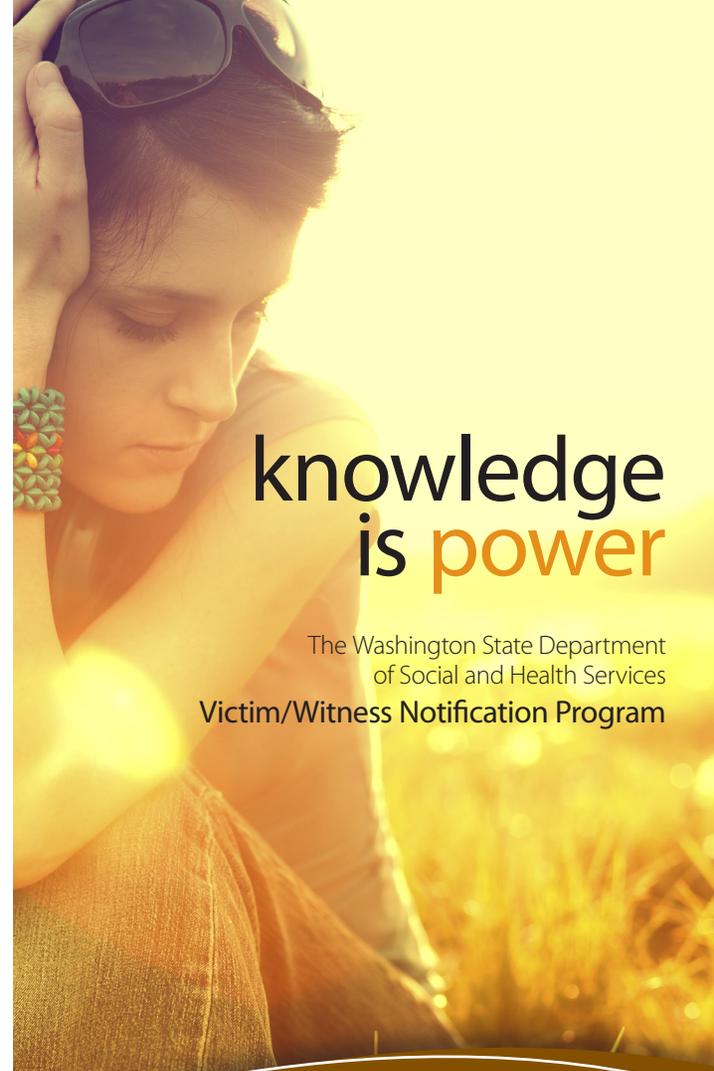


DEPARTMENT OF SOCIAL & HEALTH SVCS
VICTIM / WITNESS NOTIFICATION PROGRAM
PO BOX 45130
OLYMPIA WA 98599-5130



Transforming lives

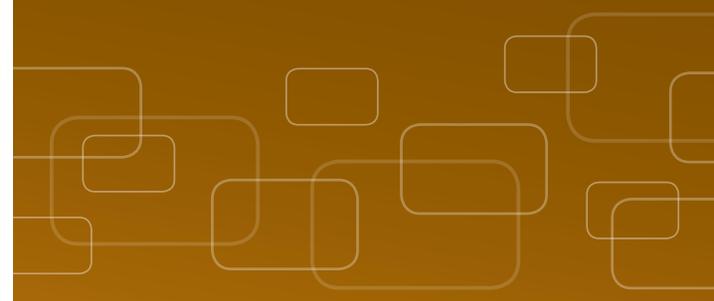
DSHS 22-746 (Rev. 3/15)



**knowledge
is power**

The Washington State Department
of Social and Health Services
Victim/Witness Notification Program

Assisting victims and witnesses
of sexual assault or violent crimes
and tracking the location of the
person who victimized them



Victim/Witness Notification Program

What is the Victim/Witness Notification Program?

DSHS has a program to notify victims and witnesses when the persons who committed crimes against them are released, transferred, or escape from any DSHS facility.

Victim/Witness Notification is a confidential program. The person who victimized you will not know you are being notified and will not have access to your address or telephone number.

How do I qualify for the Victim/Witness Notification Program?

You must be a victim, next of kin, or the parent/guardian of a minor victim of a violent or sex offense. You may also qualify if you have served as a crime witness in a court proceeding or if the prosecutor's office has requested your enrollment.

How do I enroll in the Victim/Witness Notification Program?

Complete the online enrollment form located on our web page: www.dshs.wa.gov/vwn. This form is also available from your County Prosecutor's Office or by contacting us in one of the following ways:

CALL TOLL FREE:

1-800-422-1536

E-Mail: vwn@dshs.wa.gov

After you enroll we will:

- Send you notices before a planned release or a transfer to a less-secure setting.
- Attempt to call you as soon as possible following an escape.
- Notify you of scheduled court hearings regarding release decisions, when appropriate.



DO NOT STAPLE. SEAL ENDS WITH TAPE.

TEAR HERE. FOLD TO SEAL.

DO NOT STAPLE. SEAL ENDS WITH TAPE.



Enrollment Information

This information is confidential and will be safeguarded.



Please Print – Use Pen

Please indicate agency/court of referral if applicable

Offender Information

Name of Person Who Committed the Offense (First, Middle, Last)

Sentence Date (if known)

Case Number (if known)

County of Conviction

Offense

Juvenile Offender

Adult Offender

Detailed information regarding the crime

Enrollee Information

Your Name

*Date of Birth

*Gender

*Race

Street or Mailing Address

Check box only if new address

City

State

Zip

Primary Telephone

Secondary Telephone

Email Address

Your role in this case (check one):

Victim

Next of Kin to Victim

Witness

Guardian of Minor Victim

Other (Specify)

How would you like to be notified?

E-Mail

Certified U.S. Mail

(Choose one option)

Signature

Date

* Information about your age, gender and race is voluntary and will be used for statistical purposes only.