

News Media Statement After An Execution

You have been selected to witness the execution of the offender(s) noted below:

_____ Offender Name and ODOC #	_____ Date of Execution
_____ Offender Name and ODOC #	_____ Date of Execution

Please read and initial the following statements:

_____ I agree to abide by the rules of the Oklahoma Department of Corrections as stated in OP-040301 entitled "Execution of Offenders Sentenced to Death," as a news media representative.

_____ I agree to immediately report to the non-witnessing members of the assembled news media my account of the execution as I witnessed it.

_____ I agree that this report to the media will occur immediately following the execution and prior to my filing of the account as a witness.

_____ I agree this report will be made at the information center provided for the purpose of accommodating the news media at the time of said execution.

_____ Printed Name	_____ News Media Affiliation (television/radio station, newspaper, magazine, wire service, or other affiliation)
_____ Signature	_____ Date