

The Oklahoma Department of Corrections  
Victims Services Unit-Offender Consent Form

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To whom it may concern:

I, \_\_\_\_\_ am participating in the victim-offender 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 offender dialogue includes talking with at least one facilitator, representing the ODOC Office of Victim Services. The facilitator(s) will then share information they deem appropriate, during the preparation phase, with the victim. As the **offender** in this crime, I further understand that the Oklahoma Department of Corrections is conducting this dialogue and I am aware that their role is to facilitate this meeting with \_\_\_\_\_, the victim 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