

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

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To whom it may concern:

I, \_\_\_\_\_ am participating in the Victim Inmate/Offender Dialogue program under my own free will and do not hold the Oklahoma Department of Corrections (ODOC) 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 ODOC Office of Community Outreach. The facilitator(s) will then share information they deem appropriate, during the preparation phase, with the victim. As the **inmate/offender** in this crime, I further understand that the ODOC 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 ODOC to facilitate the dialogue process.

\_\_\_\_\_  
Inmate/Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date