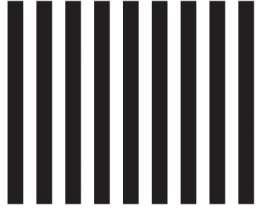


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**DEPARTMENT OF SOCIAL & HEALTH SVCS  
VICTIM/WITNESS NOTIFICATION PROGRAM  
PO BOX 45100  
OLYMPIA WA 98599-5100**



*Transforming lives*

DSHS 22-746 (Rev. 9/19)



knowledge  
is power

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



*Transforming lives*

Victim/Witness Notification Program

# Victim/Witness Notification Program

## What is the Victim/Witness Notification Program?

DSHS operates a program that notifies victims and witnesses when persons who committed crimes against them are released, transferred, or escape from a DSHS facility.

The program is confidential. 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 at [www.dshs.wa.gov/vwn](http://www.dshs.wa.gov/vwn). The form is also available from your County Prosecutor's Office or by contacting us:

CALL TOLL FREE: 1-800-422-1536

E-MAIL: [vwn@dshs.wa.gov](mailto:vwn@dshs.wa.gov)

### After you enroll DSHS 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.

DO NOT STAPLE. SEALS ENDS WITH TAPE.

TEAR HERE. FOLD TO SEAL.

DO NOT STAPLE. SEALS 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

Current DSHS Facility (if known)

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

E-mail 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 gender and race is voluntary and will be used for statistical purposes only.