

Victim/Witness Notification Program Enrollment Request Form

Type of Notification Delivery (*Check One*)

Email

Email Address

(if applicable)

Certified US Mail

Mailing Address

(if applicable)

Home Phone

Work Phone

Cell Phone

Your Role in The Case

Victim

Witness

Next of Kin to Victim

Guardian of Minor Victim

Other

Offender Information

First Name

Last Name

Sentence Date

(if known)

Case Number

(if known)

County of Conviction

Offense

Type of Offender

Juvenile Offender

Unknown

Comments

Declaration

Carefully read the following statement

I declare that the information I am providing on this enrollment form is true, correct, and complete to the best of my knowledge. I understand that it is my responsibility to update my records with the Victim/Witness Notification office if I change phone number and/or address.

Note: If you reject this declaration, you will not be enrolled in the Victim/Witness Notification Program. Please Contact us a dcyf.wn@dcyf.wa.gov if you have any questions.

I have read the statement above and agree to the terms listed.