



STATEMENT TO THE INDETERMINATE SENTENCE REVIEW BOARD

Name: _____

DOC number: _____

Loved one's name: _____

- 1. How has the crime affected you and those close to you? Discuss your feelings about what happened, how it has impacted your general well-being, your relationships with others, your work, and/or school. You may want to mention if you sought any type of victim services, such as counseling.

- 2. What physical injuries or symptoms have you or others close to you suffered as a result of this crime? Detail how long the injuries lasted, or are expected to last, and if you sought medical treatment for you injuries.

- 3. Has this crime affected daily activities? Let us know if and how the crime has impacted your ability to perform your work, make a living, run a household, go to school, or enjoy any other activities you previous performed or enjoyed.

4. **What do you think the Indeterminate Sentence Review Board (Board) should decide about this individual's release?**

5. **Do you have concerns about your or others' safety if the Board decides to release this individual?** If so, what are some things you would like the Board to require them to do, or not do, to increase your feelings of safety. (e.g., requiring no contact with you, not residing near your residence, attend counseling, abstain from drugs/alcohol)?

6. **Is there anything else that you feel is important for the Board to know when making their release decision?**

Name

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

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