



STATE OF WASHINGTON

**DEPARTMENT OF CORRECTIONS  
INDETERMINATE SENTENCE REVIEW BOARD**  
P.O. BOX 40907, OLYMPIA, WA 98504-0907

**REQUEST FOR LIMITED CONFIDENTIALITY**

**THIS IS NOT YOUR STATEMENT TO THE BOARD!**

I am a victim or survivor (as defined in RCW 7.69) and have provided a statement to the Indeterminate Sentence Review Board concerning the Board’s release or parole decision pursuant to RCW 9.95.420 or RCW 9.95.100 in the case of «Offender\_First\_Name» «Offender\_Last\_Name» DOC #«Inmate».

I hereby request that my current statement and all future statements in this case be treated as confidential to the limited extent that the Board is legally permitted to do so, as based on:

1. In re Sinka, 92 Wn.2d 555 (1979)

**Explanation:** The Board is legally required to provide the inmate with any new facts or adverse information it will consider before potentially imposing a new minimum term. However, an exception to disclosure of your statement exists if there is information in your statement that may result in harm, physical, or otherwise to any person. If these circumstances exist, the Board can provide the offender with a summary of your statement, including any new factual or adverse information related to the offender’s case.

2. RCW 42.56.240(2), the Public Records Act

**Explanation:** Information revealing the identity of persons who are witnesses to or victims of crime is exempt from public inspection and copying if disclosure would endanger any person’s life, physical safety, or property. This means if a Public Disclosure Request is made; the Board is allowed to remove your identifying information before providing the document to the requestor.

Please state (briefly) why you are requesting limited confidentiality.

**For example:** if the statement or other information that you have provided to the Board was disclosed to the offender or his attorney, do you feel that your life, physical safety and or property may be in danger? (Feel free to use the other side of the paper if necessary)

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SIGNATURE:

DATE:

PRINTED NAME:

*“Working Together for SAFE Communities”*