**Victim Experiences - Completion of Circle**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Circle Community (Please underline one of the following) Stillwater; Woodbury; Cottage Grove

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel the harm, caused by the event for which the client was referred to Circle, has been repaired during the Circle process? (Please describe in at least 3-4 sentences.)

What would you want other victims to know about the Circle process to help them determine if they should agree to have their case referred to Circle?

Are you concerned the client will re-offend? (Please explain.)

Please describe your state of mind when you started the Circle process and your state of mind today. Do you feel different? If you feel different, describe how.

**Permission and Agreement**

* I grant permission for Washington County Community Circles, Inc. to use the information I have provided in this application for evaluation, marketing, and other corporate purposes, as long as my last name is not used.

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Victim’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature (if applicable) Date