



# Restorative Justice Program

## Apology Letter Request

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Date of request: \_\_\_\_\_

Victim/ Survivor Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Offender Name: \_\_\_\_\_ OID: \_\_\_\_\_

### Association to Offense:

- |                                                         |                                                 |
|---------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Victim/Survivor of the offense | <input type="checkbox"/> Community member       |
| <input type="checkbox"/> Victim/Survivor family member  | <input type="checkbox"/> Offender family member |
| <input type="checkbox"/> Other _____                    |                                                 |

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The needs of victims/survivors is of the utmost importance to the Minnesota Department of Corrections. Please take some time and share what is important for you to hear or learn from an offender apology letter. While we cannot guarantee the offender will or can address all of the areas you outline, this information can help staff hold offenders accountable and cause no further harm. You may attach additional sheets of paper if needed.

### Please check the box(es) of the things that you would like to see in the apology letter.

- |                                                                                                                        |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Taking responsibility/accountability for the crime and the harm he/she caused.                | <input type="checkbox"/> Expressing remorse and empathy.                              |
| <input type="checkbox"/> Insuring that no further harm will occur to you or others.                                    | <input type="checkbox"/> Saying "I'm sorry".                                          |
| <input type="checkbox"/> How treatment/programming has changed behaviors and criminal thinking to prevent future harm. | <input type="checkbox"/> Recognizing the harm they caused and the impact of the harm. |
|                                                                                                                        | <input type="checkbox"/> Other _____                                                  |



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Please list any dates that you do not wish to be contacted on (i.e. birthdays or anniversary dates):

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Restorative justice is a victim-centered approach and seeks to incorporate all stakeholders in the process - those who have been harmed, those who have caused harm, and members of the community from where that harm occurred. Restorative justice is grounded in equity, respect, and accountability. For more information regarding victim-initiated restorative processes, please visit the Minnesota Department of Corrections website, <https://mn.gov/doc>, and click on 'Victim Support' at the top of the page and then select 'Restorative Justice.'

Are you interested in speaking with restorative justice staff regarding victim-initiated restorative processes available at the MN Department of Corrections?  Yes  No

Thank you for sharing information with us. Your information will be held in confidence and the offender(s) will not be told that you've submitted a request.

**Submit this form to:**  
Minnesota Department of Corrections  
Restorative Justice Program  
1450 Energy Park Drive, Suite 200  
Saint Paul, MN 55108

Email: [RestorativeJustice.DOC@state.mn.us](mailto:RestorativeJustice.DOC@state.mn.us)

To speak to Restorative Justice Program staff, please call: 651.361.7574