

**REQUEST FOR CORRESPONDENCE
ALCOHOLICS ANONYMOUS
COLORADO AREA 10**

Today's Date: _____

Name: _____

Male: _____ Female: _____ DOC #, if applicable: _____

Facility: _____

P. O. Box: _____ City & Zip Code: _____

Date of Release: _____ Parole Eligibility Date: _____

Personal Information/Interests: (not required)

Inmate's Signature: _____

Mail completed form to:

**Area 10 Corrections Committee
P. O. Box 40368
Denver, CO 80204**

A corresponding contact is a member of Alcoholics Anonymous who shares their experience, strength, and hope about sobriety.

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