

# Eligibility Confirmation for Witness Protection Enrollment

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

We are writing to confirm your eligibility for enrollment in the Witness Protection Program. After careful review of your application and personal circumstances, we are pleased to inform you that you meet the necessary criteria for participation.

Your unique situation has been evaluated, and we believe that the protection and services offered by our program will significantly benefit your safety and well-being. Please be assured that all information provided will remain confidential.

Next steps include scheduling a meeting to discuss the program details and determine the best course of action for your protection. Our team will be in contact with you shortly to arrange a convenient time.

If you have any questions or require further assistance in the meantime, please do not hesitate to reach out to us at [Insert Contact Information].

Thank you for your cooperation and for taking the necessary steps to ensure your safety.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Organization Address]

[City, State, ZIP Code]