

Witness Protection Program Participation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Recipient Name]

[Recipient Position]

[Agency/Organization Name]

[Agency Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to formally request participation in the witness protection program. I believe that my involvement in a recent case has placed me in significant danger.

Details of the case and the reasons for my request are as follows:

- **Case Name:** [Insert Case Name]
- **Nature of Threat:** [Briefly Describe the Threat]
- **Relevant Information:** [Provide Any Important Details]

Given the circumstances, I respectfully ask for your assistance in ensuring my safety and the safety of my loved ones. I am willing to cooperate fully with your team and provide any further information that may be required.

Thank you for considering my request. I look forward to your prompt response to discuss the next steps.

Sincerely,

[Your Name]