## Alcoholics Anonymous® www.aa.org

## **General Service Office of Alcoholics Anonymous**

475 Riverside Drive, 11th Floor, New York, NY 10115 / Telephone: (212) 870-3400

## Please direct all communications to:

P.O. Box 459 Grand Central Station New York, NY 10163 Fax: (212) 870-3003

Dear A.A. Friend,

Thank you for your interest in the Corrections Correspondence Service (CCS) coordinated by GSO. This service is intended for incarcerated alcoholics who have at least six more months to serve.

If you have an interest in sharing about your experience as it relates to sobriety and problems with alcohol, you can complete the form below and send it in to the Corrections Coordinator at GSO. You will be randomly matched to a member with the same gender identity. We have found it best for all concerned if no emotional or romantic involvements develop.

If your problem is with issues other than alcohol, we suggest you contact an organization that more specifically deals with your addiction.

This service does not provide letters of reference to parole boards, lawyers or court officials. The service does not assign sponsors; however, once contact is made, an outside A.A. member may be willing to be a sponsor.

All here join in sending you wishes for all the best that A.A. has to offer a day at a time.

Yours sincerely,

Corrections Coordinator

Correspondence Form: Please detach and return to General Service Office of A.A.

Yes, I have six or more months to serve and would like to share experience regarding recovery from alcoholism with an outside A.A. member by participating in the Corrections Correspondence Service.

| Estimated Release Date             |                                     |
|------------------------------------|-------------------------------------|
| Gender Identity                    | (e.g. Male, Female, Non-binary)     |
| Language                           | (Circle one) English French Spanish |
| Name (First and Last)              |                                     |
| Department of Corrections Number   |                                     |
| Facility Name                      |                                     |
| Street Address & City              |                                     |
| Province & Postal Code/State & Zip |                                     |

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