

**EXHIBIT O
ADMINISTRATIVE REVIEW REQUEST FORM**

**BOARD OF PAROLE AND POST-PRISON SUPERVISION
OREGON ADMINISTRATIVE RULES CHAPTER 255, DIVISION 80**

Name: _____ SID# _____

Request for Review of BAF #/Order _____ dated _____

Requests will be most effective if short and to the point.

Your request must be made within 45 days of the mailing date on the Board Action Form (BAF) and must meet at least one of the criteria listed below:

1. There is no substantial evidence to support a finding of: _____
because: _____

2. Pertinent information was available at the time of the original hearing which, through no fault of the inmate/offender, was not considered.

3. Pertinent information was not available at the time of the original hearing which would have had an effect on the Board action.

Explain what information was or was not available, how it is relevant, and how it would have had an effect on the Board action. Attach documentary evidence, such as court orders.

4. The Board action is inconsistent with its rules or policies and the inconsistency was not adequately explained in that: _____

5. [] The Board action is in violation of statutes and/or constitutions because _____

6. [] I have requested review of the same issue(s) on _____
_____ dates

7. [] I have sought judicial review of the same issue(s) on _____
_____ .dates

Prepared by _____
(if other than self)

Signed by _____ Date _____
(inmate/offender requesting review)

INMATE/OFFENDER MUST INDICATE WHERE RESPONSE IS TO BE SENT

Please send response to: _____
(name)

(address)

Attorney if any: _____

If no address is indicates, response will be sent to last institution of record or parole officer only.