

PASS REQUEST (NEEDS PSRB APPROVAL)

**PLEASE COMPLETE FORM AND FAX TO
THE PSYCHIATRIC SECURITY REVIEW
BOARD:**

503-224-0215

OR EMAIL TO:

psrb@psrb.org

FOR PSRB OFFICE USE ONLY					
Approved?	Yes	_____	No	_____	
				Initials	Date
Caller Notified?	Yes	_____	No	_____	
				Initials	Date

Date of Request: _____

Time of Request: _____

Case Manager's Name: _____

Case Manager's Phone #: _____

CLIENT'S Name: _____

Leaving: _____

Returning: _____

Purpose: _____

Destination: _____

How long client on CR: _____

How long have you been client's CM? _____

Has client done this pass in the past? **Yes** **No** Comments: _____

Do victim(s) live or did instant offense occur near pass location? **Yes** **No** Comments: _____

Does Board Order require victim notification? **Yes** **No** Comments: _____
(If yes, you must notify victim or victim advocate)

CM/Tx Team approves? **Yes** **No** Comments: _____

Signed Waiver of Extradition on file? **Yes** **No** Comments: _____

Have you met or spoken w/host(s)? **Yes** **No** Comments: _____

Did you tell them no alcohol and explain symptoms/ risk/medication compliance? **Yes** **No** Comments: _____

Is client sex offender w/minor victims? **Yes** **No** Comments: _____

IF SO:

Will children be at pass location? **Yes** **No** Comments: _____

Is it near a park or school? **Yes** **No** Comments: _____