

PASS NOTIFICATION FORM

(USE WHEN BOARD APPROVAL IS NOT REQUIRED FOR PASS)

PLEASE SEND COMPLETED FORM VIA FAX OR EMAIL: (503)229-0215 or psrb@oregon.gov

Form should be completed and submitted by the Case Manager

Date Submitted: _____ Client Name: _____

Client has been on CR _____ months _____ years and has been living at an _____ for _____ months _____ years.

Date/Time Leaving: _____ Date/Time Returning: _____

Address of Destination: _____

Purpose of the Pass: _____

Plan for traveling to destination: _____

Client has previously taken this pass _____ of times and last took this pass on Date: _____ or N/A:

Briefly describe any concerns/issues with previous or similar passes:

Who are the Host(s) for this pass? N/A or Name(s) _____

Have you verified the CURRENT pass with the Host(s)? Yes, Date: _____ Are Host(s) aware of conditions?

Case manager has a contact number(s) to reach client while on pass: Yes ___ No (explain) _____

Describe monitoring and supervision plan while client is on this pass (Required if pass is overnight):

Does current CR Order require the client be supervised outside the facility? Yes(Board approval required) No

If no, does the client have pass privileges that allow for this pass? Yes No (Board approval required)

VICTIM(S)

Do victim(s) live or did instant offense occur near pass destination?

Yes (if yes, please address in monitoring/supervision plan) No

Has victim advocate been notified: Yes, by CM ___ No, PSRB needs to notify Not Required

Clients with sex offense history:

Are past victim(s) minors? Yes No

Will minors be present at or near pass destination?

Yes (if yes, please address in monitoring/supervision plan) No

Does current CR Order restrict contact with minors? Yes (Board approval required) No

Case Manager Name: _____ has been client's case manager for _____ Phone #: _____

Are all monthly reports up to date? Yes No (if no, please submit past due monthly reports)

Has client had a recent psychotropic medication change?

No Yes (if yes, please address in monitoring/supervision plan if overnight)

Is the client able to self-administer his/her medication?

No Yes (if no, please address in monitoring/supervision plan if overnight)

Is client currently meeting his/her conditions of release? Yes No

Does case manager/treatment team approve this pass? Yes No