

**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 _____ Date of order _____

This request must comply with the requirements of OAR 255-080-0008 (See Attachment A).

Your request must be made within 45 days of the mailing date on the Board Action Form (BAF) or Board order challenged, or within 45 days of the day you receive an Order of Supervision Conditions or Order to Continue/Amend Supervision and must meet at least one of the criteria listed below:

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

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

State reasons : _____

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

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 the following rules or policies: _____

State reasons: _____

5. [] The Board action is in violation of the following statutes and/or constitutions: _____
State reasons: _____

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

7. [] I have sought judicial review of the same issue(s) in case number(s): _____

Prepared by _____
(if other than self)

Address if prepared by attorney: _____

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

INMATE/OFFENDER MUST INDICATE WHERE RESPONSE IS TO BE SENT

It is your responsibility to tell the Board if your mailing address changes. ORS 144.335(2). If no current address is given, response will be sent to last institution of record or parole officer only.

Board to send response to: _____
(name)

(address)

Attorney if any: _____

This form must be submitted to:

Board of Parole and Post-Prison Supervision . 2575 Center St NE Ste 100 . Salem OR. 97301-4621

It may be submitted by fax to: 503-373-7558.

It may be submitted by e-mail to: BPPPS.Webmaster@doc.state.or.us

OAR 255-080-0008

Specifications for Administrative Review Request

(1) The request for administrative review shall be substantially in the form specified by the Board in Exhibit O, Administrative Review Request Form, and shall contain:

- (a) The name and SID # of the person requesting review.
- (b) The heading "Request for Administrative Review"
- (c) Identification of the Board action or order for which review is requested, by name of action (i.e., BAF #3, Order of Supervision, etc.) and date of action.
- (d) A plain and concise statement of the points for which the offender wants review, specifically identifying how the challenged Board action is alleged to be in violation of statutes or Board rules, or how it is alleged that the decision was not supported by evidence in the record, or in what other way the offender believes the Board's action to be in error. A request for administrative review must concisely explain how the case fits the criteria for review listed in OAR 255-080-0010.
- (e) The request must state, where applicable, what statute, administrative rule, or constitutional provision is alleged to have been violated, including the effective date of the law or rule.

(2) The administrative review request shall be created by any process that makes a clear, legible, black or dark blue image; the Board will not accept text written in pencil, carbon copies, copies on slick paper, or copies darkened by the duplicating process.

- (a) All writing shall be legible and capable of being read without difficulty.
- (b) The request must be written on standard 8.5 " x 11" white or light blue paper.
- (c) Each page shall have margins of at least 1" on all sides.
- (d) Any attachments to the review request shall be duplicated on standard 8.5 " x 11" white paper and must be clear and legible.
- (e) Pages shall be consecutively numbered on the right side at either the top or bottom of the page.

(3)(a) The request shall not exceed 8 pages. That limitation does not include additional documentation necessary to support the request. (Under most circumstances, no additional documentation will be necessary.)

(b) Additional documentation in support of the request shall not exceed 10 pages.

(4)(a) An offender may request an exception to the limits in these rules, stating a specific reason for exceeding the prescribed limit(s). The request must reach the Board no fewer than fourteen days before the administrative review request is due. The Board, at its discretion, may permit the filing of a review request, and/or additional documentation that exceeds the page limits prescribed in subsection (2) of this rule. The Board may deny an untimely motion under this paragraph on the ground that the offender failed to make a reasonable effort to file the motion on time.

(b) If the Board grants permission for a longer review request, or additional documentation in support of the request, the documents shall conform to the rules set forth above in section (1).

(c) This rule does not create an exception to the timeliness requirements of OAR 255-080-0005. The offender is responsible for requesting an exception and filing his review request within 45 days as required by OAR 255-080-0005.

Stat. Auth.: ORS 144.335

Stats. Implemented: ORS 144.335

Hist.: PAR 13-2010, f. & cert. ef. 12-1-10; PAR 14-2010, f. & cert. ef. 12-1-10