

Board of Parole and Post-Prison Supervision

http://egov.oregon.gov/BOPPPS

Mailing Date:

SID#



Administrative Offices 2575 Center St NE, Ste 100 Salem, OR 97301-4621 (503) 945-0900 FAX (503) 373-7558 bppps.webmaster@doc. state.or.us

Annex Offices Sex Offender Notification PO Box 2226 Salem, OR 97308 (503) 945-0900 FAX (503) 945-7778 ParoleBoardSONotification @doc.state.or.us The Board has determined your initial sex offender notification level pursuant to Oregon Revised Statutes 163A.100 and Oregon Administrative Rule Chapter 255, Division 85.

Completion of the Static-99R Sexual Offense Risk Assessment resulted in an initial score of **_0**_. Based on your score, you will be classified to the following notification level:

Level

Attached is a copy of your scored assessment, notice of rights and a form for written objections. Please read these documents carefully. If you would like to object to your score, you must indicate so on the Decisions About Rights form and complete the Written Objections form. Level One is the lowest classification level. Please note that upon review by a Hearings Officer, your score and level could increase if errors are detected on the initial assessment. You may request a review of your assessment score by submitting the proper documents within 60 days of the mailing date of this letter.

If you are in custody or on supervision, return these forms to your counselor or PO. If you are not in custody or on supervision, you may return the forms by the following methods:

1) By Mail: PO Box 2226, Salem, OR 97308; or,

2) By fax: 503-945-7778; or,

3) Scan and email to: ParoleBoardSONotification@doc.state.or.us

NOTE: This process does not affect your requirement to register. You must continue to register as a sex offender under ORS 163A.010 to 163A.020. If you have any questions about registration requirements, you must contact the Oregon State Police Sex Offender Registration Unit.

Refusal to participate in the notice of rights process shall be considered a waiver of objections to the Static-99R score, and objections that are not submitted within the required timelines will not be reviewed. The Board will proceed to final classification.

Thank you for your assistance,

Assessment Specialist Phone Email

NOTICE OF RIGHTS SEX OFFENDER NOTIFICATION LEVEL CLASSIFICATION

Registrant Name	SID#
<u>Purpose of Review</u> : You are entitled to a written review if you believe score will determine your sex offender notification level, pursuant to you will be subject to community notification as described in ORS 163	ORS 163A.100. Based on your notification level,
Waiver of Review:	
You may waive the review in two ways:	
(1) By checking the box on the Decision About Rights form ind form, and returning it to the Board. The Board will report Police when the form is returned.(2) By not sending written objections to the Board. The Board notification level (listed below) to the Department of State	your notification level to the Department of State will not review your score and will report your
Rights During Review:	
 If you do not waive your right to a review and submit written factual evidence to show that your Static-99R score is incorrect OAR 255-085-0040. 	
Result of Review:	_
 A hearings officer will conduct a review of your Static-99R score review the hearings officer's findings and report. Based on the may change. After review, the Board will report your notification 	results of the review, your notification level
Rights After Review:	
 The Board's classification decision is final and is not subject to a are entitled to seek judicial review of the final order in accorda review by filing a petition with the Court of Appeals in Salem, O final order. 	nce with ORS 144.335. You may request judicial
For further information, see ORS 163A.100 – 163A.235 and OAR Cha	pter 255, Division 85.
STATIC-99R score and level:	
Score: 0 Level	

<u>DECISIONS ABOUT RIGHTS</u>
SEX OFFENDER NOTIFICATION LEVEL CLASSIFICATION REVIEW

I understand the rights contained in the Notice of Rights and:

[] (Initial)	I DO NOT WANT A REVIEW (WAIVED) Having waived my right to a review, I understand that the notification level that the Board has established and made known to me will become final without further action by the Board. I also understand that the Board will notify the Department of State Police of my notification level.			
	OR			
【 】 (Initial)	I <u>DO</u> WANT A REVIEW You have a right to inform the Board in writing of the reasons you believe the score is wrong. You must fill out the form entitled "Written Objections to Sex Offender Notification Level Classification." This form has been provided to you. You must clearly state which risk factors you believe were scored incorrectly and why.			
In order for your request to be considered, you must return this Decisions About Rights form with your Written Objections form within sixty (60) days of the mailing date of this notice or within sixty (60) days of the date you receive this notice from your counselor or PO. I have read, or have had read to me, and fully understand the Notice of Rights and				
the Decisions	•			
Registrant Signature	Date			
Printed Name of Reg	istrant			

WRITTEN OBJECTIONS TO SEX OFFENDER NOTIFICATION LEVEL CLASSIFICATION

Registrant:		
(Plea	ase Print)	
SID#:		
	9R. The Board may d	elow. Objections must be plain, concise, and directly eny review if you do not provide support for your ghts to this form.
1. Please check the items below that yo	ou believe were score	ed incorrectly.
[] Item 1 - Age	1	Item 5 - Prior Sex Offenses - Charges and Convictions
[] Item 2 - Lived with a lover	1	Item 6 - Four or more prior sentencing dates
If objecting to item 2, you must	clude trie	Item 7 - Any convictions for non-contact sex offenses
name of lover, date of birth of lov of your cohabitation, and where y	ſ	Item 8 - Any unrelated victims
together.]	Item 9 - Any stranger victims
[] Item 3 - Index Non-Sexual Violence Co	onvictions [Item 10 - Any male victims
[] Item 4 - Prior Non-Sexual Violence Co	nvictions	
a separate sheet of paper. List the item	number you are obje ific and concise. Doc	hy you believe the item was not scored correctly <u>on</u> cting to and write the reasons why you believe it is umentation must comply with OAR 255-085-0040.
3. Before submitting this form make su	e to attach all of the	following:
[] A copy of your DECISIONS ABOUT RIG	GHTS	
[] An explanation as to why you believe	your score is incorre	ect on a separate piece of paper
[] Documents to support your objection	1	
Registrant's Signature Da	te	
Phone Number	Email Address	

BAS initials