

Petition for Relief from Sex Offender Registration or Reclassification of Sex Offender Notification Level

Registrant Name: _____ SID: _____

Mailing Address: _____

DOB: _____ Phone #: _____ E-Mail: _____

Pursuant to ORS 163A.125 and OAR 255-087-0030, you must complete this petition before the Board will schedule a relief or reclassification hearing. You should include supporting documents to all claims and information you provide in the petition. Incomplete petitions may be returned or denied or may cause a delay in scheduling your hearing. If you cannot obtain supporting documents to support a claim, please provide an explanation. Providing false information may result in denial of the petition.

You have the right to have an attorney represent you, at your own expense, during this process. If you choose to be represented your attorney should provide a notice of representation in your supporting documents. An attorney is not required to proceed with this petition.

Upon receipt of the petition, the Board will review the documents. Once the Board has reviewed and accepted your documents, we will send you notice of the time and location of the hearing. You are responsible for providing to the Board the most up to date contact information as well as any changes to your petition. Failure to provide this information could result in a failure to receive your Notice of Hearing letter. This may result in a failure to appear at your scheduled hearing and a subsequent denial of your petition.

You are still required to register as a sex offender. For questions about your registration requirements, contact the Oregon State Police. For additional questions regarding sex offender notification level reclassification, visit the Board of Parole and Post-Prison Supervision website at <http://www.oregon.gov/BOPPPS>.

[] By checking this box, I swear and affirm, under penalty of perjury, that the information and facts included in this petition are true and correct. I understand that providing incomplete, inaccurate, or false information will result in a denial of the application.

Signature: _____ Date: _____

Petition for Relief or Reclassification Hearing

SUBMISSION CRITERIA

In the following pages to this packet, you will be asked to provide information to the Board to help us make a decision about your case. The Board will not review your documents if they do not comply with the following criteria:

- Send only one copy.
- All pages must be 8 ½ x 11 single-sided.
- All documents must be unstapled/unbound and loose. Binder clips and paper clips are acceptable means of securing documents.
- Do not send any electronic storage device intended to be viewed through electronic means.
- Do not submit copies of legal decisions or scholarly articles; summarize the content in a cover letter, if it is relevant.
- Handwritten documents must be easy to read and suitable for photocopying.
- Write your name and state identification number (SID) number (if available) on each page.

Please mail all documents to the following address:

Oregon Board of Parole
Attn: SONL Unit
1321 Tandem Ave. NE
Salem, OR 97301

Petition for Relief or Reclassification Hearing

INFORMATION REQUIRED FROM THE REGISTRANT

Oregon law requires that the Board consider the following information when making a decision about granting your case. As such, please respond to items 1 – 11 (below) on a separate document, number each response to match the item.

- 1) Explain the details of the offenses that requires reporting;
- 2) List the age and number of victims of the offenses that requires reporting;
- 3) List your age at the time of the offenses that requires reporting;
- 4) List how long ago the offenses occurred;
- 5) List how long you have been offense free (include arrests or convictions for all sexual and non- sexual crimes);
- 6) Describe your performance on supervision for the offenses that requires reporting;
- 7) List any court-approved sex offender treatment programs, or any other rehabilitative programs, you have participated in, or successfully completed;
- 8) Provide employment and housing information;
- 9) Provide community and personal support information;
- 10) List any other criminal and relevant non-criminal behavior both before and after the offenses that requires reporting;
- 11) Any other relevant factors.

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SUPPORTING DOCUMENT REQUIREMENTS

Oregon law states that you are responsible to prove, by clear and convincing evidence, that you should be granted a reclassification of your sex offender notification level or relief from the registry. Therefore, it is important that you support any information you provide to the Board with evidence. Please obtain as many of the listed documents below to the best of your ability. If you are unable to obtain the supporting documents listed below, please provide an explanation of incomplete or unobtainable documents in the forms provided in this petition.

- **Sexual and Non-Sexual Offense (Arrests or Convictions) History**
 - A list of all your sexual and non-sexual offenses.
 - Police reports and other documents related to your offense such as judgments, indictments, pre-sentence investigation, post-sentence investigation, sentencing memorandum.
- **Treatment Program Records**
 - Court-approved sex offender treatment programs, or any other rehabilitative programs you have participated in or successfully completed.
- **Employment Verification**
 - Documents verifying employment; can include W-2's, pay stubs, letter from HR, letter from a manager, or other verifiable record.
- **Housing Verification**
 - Rental agreements, letter from rental agency, canceled checks for rent payments, letter from landlord, property tax records, utility bills, or other verifiable record.
- **Community and Personal Support Verification**
 - Reference letters from community groups, churches, programs, friends, family members, and other verifiable sources.
- **Supervision Records**
 - All records regarding performance on supervision including all sanctions, revocations, and violations.

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REQUEST FOR HEARING

At this time, the Board of Parole is scheduling relief from registration and reclassification of notification level hearings via telephone or video conferencing. Please choose an option below.

- I wish to appear telephonically
- I wish to appear via Skype video conferencing

Petition for Relief or Reclassification Hearing

FINAL CHECKLIST

Before you submit your petition, please make sure you have all the required documents from the checkboxes below. Do not forget to make a copy of your petition for your records before you submit it to the Board. Attaching a cover letter is optional.

- Declaration (please place on top of petition packet)
- Information Required from the Registrant (responses for items 1 – 11 provided by you in a separate document)
- All supporting documents
 - Police Reports related to all sexual and non-sexual offenses
 - Treatment Program Records
 - Employment Verification Housing Verification
 - Community and Personal Support Verification
 - Judgments/Orders
 - Supervision Records
- Explanation of Incomplete Documents (provided in a separate document; if applicable)
- Attorney Representation Notice (your attorney should provide you with a copy to mail in)
- Request for Telephonic Hearing

Please mail all documents to the following address:

Oregon Board of Parole
Attn: SONL Unit
1321 Tandem Ave. NE
Salem, OR 97301

OREGON BOARD OF PAROLE SEX OFFENDER NOTIFICATION LEVEL QUESTIONNAIRE

Name:		SID:	
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Please fill out the following information as accurately as possible to assist us in completing your assessment.

Refusal or Failure to participate in a required assessment may result in your classification as a Level III Sex Offender under ORS 163A.110, Section 7, Chapter 708, Oregon Law or may result in prosecution for failure to report as a sex offender under ORS 163A.040 (1)(h).

Address:	
Phone:	
Email:	

Release from Custody:

List when were you released from custody or placed on probation for your **most recent sex offense:**

Month	Year	Crime

Sex Offenses:

List all sex offense arrests, charges and convictions; this includes both adult and juvenile offenses. Please include the state and city or county of arrest or conviction. Sex offenses are defined as **ANY** offense/crime that includes a sexual intent.

City / County / State / Country	Sex Offense	Date(s) Offense Committed	Date of Conviction or Adjudication	Incarcerated From / To (if not leave blank)

Intimate Relationships:

List all intimate partners that you have **lived with**. For purposes of this question, an intimate partner is a girlfriend, boyfriend, husband, or wife with whom you were in a “marriage-like” relationship.

Name	From MM/YY	To MM/YY	City/State	Were you incarcerated, separated or lived apart during this period? If so for how long?

Juvenile Offenses:

List **ALL non-sexual juvenile offenses**. Include all arrests, adjudications and/or convictions. Please include the state and city or county of arrest, adjudication or conviction. If you do not have any juvenile offenses, indicate by filling the blank with N/A. If more room is needed, please list them on the back of this form.

Date	City/State	Offense	Adjudicated or Convicted

Victims:

List **ALL victims of any sex offense** committed, whether you have been convicted or not. List the victim’s approximate age at time of offense and their relationship to you, e.g., stranger, friend, family member such as child, step-child, grandchild, niece, nephew, etc. A stranger is defined as any person you have known less than 24 hours. Knowing a person includes texting, emailing and social media.

Victims age at the time of the offense	Sex of the victim	Relationship of victim to you	Did you know the victim for more than 24 hours?
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		

Residential History:

List all States and/or Foreign countries you have lived including dates.

City / State / Country	From	To

Foreign or Military Convictions:

List all charges or convictions that took place outside the continental U.S. or while enlisted.

City / County / State / Country	Offense / Conviction	Date(s) Offense Committed	Date of conviction or adjudication	Incarcerated From/To (if not leave blank)

Additional Information: