



Oregon

Governor Kate Brown

Board of Parole and Post-Prison Supervision

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OREGON BOARD OF PAROLE CONFIDENTIAL INFORMANT REQUEST FORM

Please answer all the questions below before forwarding for approval.

NAME OF SUPERVISED PERSON: _____ SID#: _____

SUPERVISING OFFICER: _____ COUNTY OF SUPERVISION: _____

INFORMANT PERIOD BEGIN DATE: _____ ANTICIPATED END DATE: _____

OFFENSES (LIST ALL): _____

STATUS (PROBATION/PAROLE/PPS): _____

SUPERVISION BEGIN DATE: _____ SUPERVISION END DATE: _____

WHAT IS THE JUSTIFICATION FOR USING THIS PERSON AS A CONFIDENTIAL INFORMANT (CI)?

WHAT PRECISELY WILL THE INDIVIDUAL ON SUPERVISION BE REQUIRED TO DO AS A CI? _____

WHAT BENEFITS TO COMMUNITY SAFETY WILL BE ACHIEVED BY THIS INDIVIDUAL'S PARTICIPATION AS A CI? _____

WHAT RISKS TO THEIR SUCCESS ON SUPERVISION WILL THE INDIVIDUAL CONFRONT WHILE ACTING AS A CI? _____

REQUESTING AGENCY SIGNATURE

DATE

COMMUNITY CORRECTIONS OR
DESIGNEE SIGNATURE

DATE

Email completed form to: bppps.webmaster@doc.state.or.us

PAROLE BOARD USE ONLY

APPROVED DENIED

DATE: _____

BOARD MEMBER NAME

BOARD MEMBER SIGNATURE

BOARD MEMBER COMMENTS: _____

