



Oregon

Tina Kotek, Governor

Board of Parole and Post-Prison Supervision

1321 Tandem Ave. NE

Salem, OR 97301

(503) 945-0900

<http://egov.oregon.gov/BOPPPS>

OREGON BOARD OF PAROLE

CLOSING SUMMARY – DISCHARGE REQUEST – PAROLE EXTENSION

DATE:		SID:	
NAME:		COUNTY OF SUPERVISION:	
DOB:		CRIME COMMIT DATE:	
OFFENSES:		SGL REL DT:	
PHYSICAL REL DT:		ASR/SSR DT:	
TPD:		PPS EXP DT:	
EXP:			
SUPERVISION TYPE:	<input type="checkbox"/> Field <input type="checkbox"/> Reduced <input type="checkbox"/> Inactive <input type="checkbox"/> Other:		
	Date placed on supervision type:		

CONFORMANCE:

Violation and Sanction History:

Last documented sanction/intervention date:

Condition(s) violated:

Response to violation:

Date of last violation of conditions if not formally addressed through sanctioning/intervention:

Condition(s) violated:

Response to violation:

Treatment Referred to and Status:

Alcohol and Drug:

Completed, Date:

Unsuccessful, Date:

Max Benefit, Date:

Engaged, Anticipated Completion Date:

(explain why Max Benefit):

Please describe performance in treatment:

- Mental Health:**
- Completed, Date:
- Unsuccessful, Date:
- Medication Currently Required Engaged, Anticipated Completion Date or Ongoing:
- Medication Compliance Summary:
- Max Benefit, Date:
 (explain why Max Benefit)

Please describe performance in treatment:

- Sex Offender:**
- Completed, Date: Engaged, Anticipated Completion Date:
- Unsuccessful, Date: Max Benefit, Date:
(explain why Max Benefit)

Please describe performance in treatment:

- Domestic Violence:**
- Completed, Date: Engaged, Anticipated Completion Date:
- Unsuccessful, Date: Max Benefit, Date:
(explain why Max Benefit)

Please describe performance in treatment:

Other:

Completed, Date:

Engaged, Anticipated Completion Date:

Unsuccessful, Date:

Max Benefit, Date:

(explain why Max Benefit)

Please describe performance in treatment:

If available please provide any treatment discharge/closing summaries with this request.

If no treatment referrals were made, why?

Other Supervision Requirements:

Date of Last Home Visit:

Date of Last Face to Face Office Visit:

Date of Last UA:

Results:

Date of Last Polygraph:

Results:

Restitution or Compensatory Fine Ordered:

Paid in Full

Making Payments, Date of Last Payment:

Balance:

PO Case Summary (include information about the stability of the client's living environment, employment or source of income, adaptation to the community, support system, sobriety, and any other relevant information):

PO Recommendation:

Supervising Officer Signature
Supervisor/Management Recommendation:

Date

Management Signature

Date

Email completed form to: bppps.webmaster@paroleboard.oregon.gov

(FOR BOARD USE ONLY)

DISCHARGE:

APPROVED

DENIED

COMMENTS:

DATE:

EXTEND TPD:

CITE TO APPEAR:

Board Member:

Date:

Board Member:

Date:

Board Member:

Date:
