



Oregon
Tina Kotek, Governor

Board of Parole and Post-Prison Supervision
1321 Tandem Ave. NE
Salem, OR 97301
(503) 945-0900
<https://egov.oregon.gov/BOPPPS>

DISCHARGE/INACTIVE/EXTEND REQUEST

PO RECOMMENDATION:		EXTEND	INACTIVE	DISCHARGE
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:	Field: Reduced: Inactive: Extend: Other: Date placed on supervision type:			
COMPACT OUT:	Yes Compact out cases are not eligible for inactive supervision per OAR 255-094-0010(5). If yes and the case is only eligible for inactive consideration (not discharge), PPO can skip answering conformance, case summary and recommendation portions below. No			

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:

Engaged, Anticipated Completion Date:

Unsuccessful, Date:

Max Benefit, 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

Date

Supervisor/Management Recommendation:

Management Signature

Date

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

(FOR BOARD USE ONLY)

EXTEND:

APPROVED

DENIED

INACTIVE:

APPROVED

DENIED

DISCHARGE:

APPROVED

DENIED

DATE:

EXTEND TPD:

CITE TO APPEAR:

COMMENTS:

Board Member:

Date:

Board Member:

Date:

Board Member:

Date: