



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>

PURPOSE OF REPORT:

EARNED DISCHARGE CLOSURE

DATE:

BY:

, PPO

Identifying Data:

Name:

Residence:

SID Number:

DOB:

Crime(s):

Case Type:

Sentenced On:

County:

Docket #:

Judge:

Expiration:

COMPLIANCE STATUS:

Original Crime Sentenced on/after August 1, 2013 (see OAR 291-209-0045)

- **Felony and/or designated drug-related or person misdemeanor convictions** sentenced to Probation, Local Control Post-Prison Supervision or Board Post-Prison Supervision;
- Served the minimum period of active supervision on the case under consideration (minimum of 6 months or half of the supervision period whichever is greater);
- Compensatory fines and restitution have been paid in full or current on payment plan;
- Has not been administratively sanctioned or found in violation by the court in the immediate six months prior to review;
- Has completed any specialty court program ordered by the court, all treatment programs with set durations or timeframes, and has consistently participated in ongoing treatment programs assigned by the court or supervising officer;
- Is actively participating in and in compliance with supervision case plan;
- Has not been convicted of a crime (felony or misdemeanor) that occurred while on supervision for the case(s) under review.

VICTIM NOTIFICATION DATE: _____ (If victim has requested notification)

NOTICE OF DISCHARGE:

This above named defendant meets the earned discharge requirement and has been discharged from supervision on the cases identified above effective upon the date this document is signed by the Supervisor.

(Earned discharge only applies to the above identified case(s). Other active cases will remain on supervision)

*****The Board will close this case on the date of the Supervisor's signature below*****

*****Do not send this form to the Board ahead of the effective EDIS date (i.e. the actual case closure date)*****

 , Parole Officer
 County

 Date

 Supervisor

 Date