



**AGREEMENT TO RETURN
AND
WAIVER OF EXTRADITION**

I, _____, if granted the privilege to leave the State of Oregon to go to the State of _____ hereby agree:

1. I will travel to _____ on _____ and will return on _____.
(State) (Date) (Date)
2. I will continue to comply with the conditions of my release as directed by the Psychiatric Security Review Board while away.
3. If instructed by the Psychiatric Security Review Board or an authorized agent of the Board, I will immediately return to the State of Oregon.
4. If arrested, I agree to waive extradition to the State of Oregon from any jurisdiction in or outside the United States where I may be found and agree that I will not contest any effort by any jurisdiction to return me to the State of Oregon.
5. I understand if I fail to return to the State of Oregon as directed by the Psychiatric Security Review Board or any agent of the Board, I may be prosecuted for the crime of Escape in the Second Degree, a Class C felony with a five-year penalty, in accordance with ORS 162.155(1)(c).
6. I understand that failure to comply with the above will be deemed a violation of the terms and conditions of conditional release for which I may be returned to the State of Oregon and committed to a state hospital designated by the Oregon Department of Human Services.

ITINERARY:

Names and addresses of relatives, friends, etc., during the visit:

Name of mental health provider at destination in case of emergency:

CLIENT SIGNATURE: _____ DATED: _____

C.R. SUPERVISOR'S SIGNATURE: _____ DATED: _____