



## PSYCHIATRIC SECURITY REVIEW BOARD GUN RELIEF PANEL

Dear Petitioner:

This letter and attached documents are being provided to you so that your petition for review by the Gun Relief Panel (GRP) pursuant to Oregon Revised Statute 166.273 may be processed and reviewed as efficiently as possible. You may file a petition for relief from your firearm disqualifier no more than once every two years.

It is important that you understand that the GRP has the authority to review only the petitions of individuals with any of the following determinations:

- (1) Civilly committed by a court to the Department of Human Services, adjudicated by a court as mentally ill, or subject to an order prohibiting the person from purchasing or possessing a firearm under ORS 426.130;
- (2) Civilly committed by a court to the Department of Human Services, or adjudicated by a court as having an intellectual disability, under ORS 427.290;
- (3) Guilty except for insanity under ORS 161.295;
- (4) Responsible except for insanity under ORS 419C.411; or
- (5) Unable to aid and assist their attorney at trial and found by a court to lack fitness to proceed under ORS 161.370.

Should your petition be eligible for review, we will notify you of your hearing date in writing. **You are required to appear at the hearing in person--appearance by your attorney will not satisfy this requirement.** At the hearing you will have the opportunity to submit documentary and testimonial evidence in support of your petition. The GRP requests that you include all documents you wish to have considered with your application to ensure a timely review. By statute and Oregon Administrative Rules, you bear the burden of proof and must demonstrate by clear and convincing evidence that you will not be likely to act in a manner that is dangerous to public safety and that granting the relief would not be contrary to the public interest. You can find Oregon Administrative Rules 859-300-0001 to 859-300-0230, pertaining to Gun Relief hearings, at:  
**[http://arcweb.sos.state.or.us/pages/rules/oars\\_800/oar\\_859/859\\_300.html](http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_859/859_300.html)**

We have included a list of documents (below) which must be included with your petition. We have also included a list of items you might want to include to support your petition. While it is not necessary to retain the services of an attorney to represent you at the hearing, you may choose to do so at your own expense.

Please be advised that, because you filed this petition, the GRP will review your criminal, mental health, and employment history. In making its determination, the GRP shall consider your reputation, your records, the circumstances surrounding the firearm disability, and any other evidence in the record.

**To file a petition with the Gun Relief Panel, please submit the following documentation:**

- (1) **Petition for Gun Relief** (enclosed);
- (2) **Application For Certificate of Relief From Firearm Prohibition** (enclosed);

(3) **A certified copy of all mental health records** pertaining to the disqualifying mental health determination; if the relevant mental health facility and/or county community mental health agency is unable to locate your records, you must obtain a letter from each facility stating that it is unable to locate the records related to your (petitioner's) mental health determination.

(4) **A certified copy of all court records** related to the circumstances surrounding the firearms disability. If the county courthouse is unable to locate your records, you must obtain a letter from the courthouse records department stating that it is unable to locate the court records related to your (petitioner's) mental health determination;

(5) **An FBI-certified copy of your (petitioner's) national criminal history, including juvenile adjudications** (See <http://www.fbi.gov/about-us/cjis/background-checks> for more information); and

(6) **An independent forensic mental health assessment performed no more than 90 calendar days** prior to the time you submitted your petition for relief to the PSRB. This assessment may not be performed by your current or previous mental health provider. The assessment shall be performed by a licensed psychiatrist or psychologist. The assessment shall include, at a minimum, an opinion—and a basis for that opinion—of petitioner's interpersonal violence and self-harm risk.

If you were granted judicial gun relief under ORS 166.274 for your civil commitment mental health determination prior to August 3, 2009, this independent forensic mental health assessment is not required as a prerequisite for scheduling a hearing. However, this waiver does not bar the Board from later ordering an assessment if deemed appropriate under OAR 859-300-0160.

**Your petition is not complete until the Board receives the six documents named above.**

**The following documents are not required, but may be included in your petition:**

- (1) **A certified copy of all mental health records** detailing your psychiatric history;
- (2) **A certified copy of medical records** from all of your current and former mental health treatment providers, including alcohol/substance abuse providers if you are receiving or have received such treatment. The records may also include a letter from your current treating mental health practitioner, if any. The letter may contain: your current medical health diagnosis; a list of psychiatric medicines and dosage, if any, you are currently prescribed; your history of compliance with the medication; and any other information the practitioner deems relevant to you possessing a firearm;

- (3) **A letter from your probation/parole officer, if applicable.** If you are currently on probation/parole for a criminal offense, you should include a letter from your probation/parole officer providing a history of your compliance with terms of probation/parole and any other relevant information he or she deems relevant to your risk for harm if granted a firearm; and
- (4) **Evidence of your reputation**, which may include documents such as notarized letters of reference from current and past employers, family members or personal friends or other character evidence. You are required to submit your list of witnesses no later than **10 days** prior to the hearing. **If you do not intend to call any witnesses at the hearing, you must submit some evidence of your reputation in the form of documents.**

It is your responsibility to ensure that all required information accompanies the petition for relief at the time you submit it to the GRP. Staff will not schedule a relief hearing until the Board receives all required information.

**All information should be sent to the:**

Gun Relief Panel  
Psychiatric Security Review Board  
610 SW Alder St., Suite 420  
Portland, OR 97205

In addition to submitting your petition and supporting documents to the GRP, **you shall serve a copy of your petition and supporting documents on both the following:**

- (1) **Oregon Health Authority**, Attn: Jeanne Windham, NICS Coordinator; 500 Summer St. NE, E-20; Salem, Oregon 97301
- (2) **The district attorney in the Oregon county from which you received your mental health determination.** We have enclosed a list of the county district attorneys' addresses with this letter.

**You must submit proof of service of your packet (i.e. return receipt) on these two agencies.**

Should you have any questions regarding this application or the supporting documentation, please contact the Psychiatric Security Review Board at 503-229-5596.

Sincerely,

Sid Moore  
Gun Relief Program Manager  
Psychiatric Security Review Board

Enclosures (3)

BEFORE THE PSYCHIATRIC SECURITY REVIEW BOARD  
OF THE STATE OF OREGON

In the Matter	)	
	)	PETITION FOR GUN RELIEF
	)	BEFORE
of	)	THE PSYCHIATRIC SECURITY
	)	REVIEW BOARD
	)	
	)	
_____	)	

I. In accordance with Oregon Revised Statute 166.273, I, \_\_\_\_\_, request that the Psychiatric Security Review Board conduct a gun relief hearing to determine whether I should be granted relief.

II. I am currently barred under Oregon and/or federal law from possessing or purchasing a firearm because I was (may check more than one):

- Civilly Committed
- Found to be guilty/responsible except for insanity of an offense
- Found to be unable to aid and assist in my defense

III. Please explain why you want your firearm privileges restored (attach additional documentation if needed):

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_



**PSYCHIATRIC SECURITY REVIEW BOARD  
GUN RELIEF PANEL**

**APPLICATION FOR CERTIFICATE OF RELIEF FROM FIREARM  
PROHIBITION**

**Directions:** Please fill out all fields, print the form, and send a hard copy, along with supporting documents by mail to:

Gun Relief Panel  
Psychiatric Security Review Board  
610 SW Alder Street, Suite 420  
Portland, OR 97205.

You are required to answer the following questions to provide sufficient information to complete a full background check. Failure to answer any question will result in your application being denied as incomplete. Making a false statement in this application will result in denial of your application.

***Applicant Information***

Name: \_\_\_\_\_

List all other names you have used (aliases, nicknames, maiden, etc.):

\_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_ Send all correspondence via email? Yes No

Place of Birth (City and State): \_\_\_\_\_

List all states in which you have lived:

\_\_\_\_\_

County and State in Which You Currently Reside: \_\_\_\_\_

Oregon County(ies) Where You Received Your Mental Health Determination (civilly committed, found guilty except for insanity or incompetent to stand trial):

\_\_\_\_\_

What type(s) of mental health determination(s) did you receive (civilly committed, found guilty except for insanity or incompetent to stand trial)

\_\_\_\_\_

***Physical Description***

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

***Education***

High School Graduate/GED Yes: \_\_\_\_\_ No: \_\_\_\_\_

List Post High School Education, Including Technical Schools/Vocational Training:

***Attorney Representing You at the Gun Relief Hearing (if applicable)***

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

***Have you applied for gun relief before? Is so, when? Was it through the PSRB or the Courts?***

Have you ever been arrested, are you under indictment for, or have you ever been convicted of a crime? **Y / N**

If yes, explain the charge(s) and note your arrest/conviction date, city, and county:

Are you an unlawful user of, addicted to, or recovered from abuse of any controlled substance, including alcohol and prescription medicines? **Y / N**

If yes, please explain:

Have you ever been adjudicated as having a mental disability or condition? **Y / N**

If yes, please explain your diagnosis:

Are you now or have you ever been committed to a mental health facility? **Y / N**

If yes, please note your commitment date and name of the facility:

Have you ever voluntarily sought mental health services, including hospitalization? **Y / N**

If yes, please note dates and name of the facility:

Are you currently under the care of a mental health provider? **Y / N**

If yes, please note the name and contact information for your provider:

Have you ever been or are you currently subject to a court order restraining you from having contact with anyone? **Y / N**

If yes, please explain:

Have you been convicted in any court of a crime of domestic violence in which the victim was a family member? **Y / N**

If yes, please explain:

Have you been on probation or post-prison supervision? Have you ever violated any terms of probation? Are you currently on probation?

If yes, please explain:

Have you ever completed a firearm safety course?

**Y / N**

If yes, note the provider of the course and contact phone number:

Have you ever used a firearm before?

**Y / N**

If yes, please note type of firearm, frequency and length of time:

Have you ever served in the military?

**Y / N**

If yes, what was your occupational classification, length of service, any discipline issues (e.g. letters of reprimand, non-judicial punishment, courts-martial) and type of discharge:



**EMPLOYMENT HISTORY**

(Include all volunteer work; attach additional sheets if necessary)

<u>Employer/Address/Phone</u>	<u>Job Title</u>	<u>Dates Employed</u>
_____	_____	- _____
_____	_____	- _____
_____	_____	- _____
_____	_____	- _____
_____	_____	- _____
_____	_____	- _____
_____	_____	- _____
_____	_____	- _____
_____	_____	- _____
_____	_____	- _____
_____	_____	- _____

**LIST OF WITNESSES YOU INTEND TO CALL AT THE HEARING**

<u>Name</u>	<u>Phone Number</u>	<u>Mailing Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I swear that all information on this application, as well as supporting documentation, is true and correct to the best of my knowledge. I understand that submitting false information in this application or failing to provide information that is required in the application may result in denial of my petition for relief. I also understand that the PSRB will conduct a criminal history check and review of the medical and court records submitted and hereby authorize the PSRB to conduct the criminal history check and to review the relevant medical and court records.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRICT ATTORNEY OFFICES BY COUNTY:**

<b>COUNTY:</b>	<b>MAILING ADDRESS:</b>	<b>PHONE:</b>
<b>Baker County</b>	1995 3rd St.; Baker City, OR 97814	541-523-8205
<b>Benton County</b>	120 NW 4th St; Corvallis, OR 97330	541-766-6815
<b>Clackamas County</b>	807 Main Street; Oregon City, OR 97045	503-655-8431
<b>Clatsop County</b>	PO Box 149; Astoria, OR 97103	503-325-8581
<b>Columbia County</b>	230 Strand St.; St. Helens, OR 97051	503-397-0300
<b>Coos County</b>	250 N. Baxter; Coquille, Oregon 97423	541-396-7550
<b>Crook County</b>	300 NE 3rd St., Prineville, OR 97754	541-523-447-4158
<b>Curry County</b>	94235 Moore Street, Suite 232; Gold Beach, Oregon 97444	541-247-3298 x3214
<b>Deschutes County</b>	1164 NW Bond St.; Bend, OR 97701	541-388-6520
<b>Douglas County</b>	PO Box 1006, Roseberg, OR 97470	541-440-4388
<b>Gilliam County</b>	PO Box 636; 221 S. Oregon St.; Condon, OR 97823	541-384-3844
<b>Grant County</b>	201 S. Humbolt St., #100; Canyon City, OR 97820	541-575-0146
<b>Harney County</b>	450 N Buena Vista, Burns; OR 97720	541-573-8300
<b>Hood River County</b>	309 State St., Hood River; OR 97031	541-386-3103
<b>Jackson County</b>	715 W 10th St., Medford; OR 97501	541-774-8181
<b>Jefferson County</b>	75 SE C Street, Suite B; Madras, Oregon 97741	541-475-4452 x4105
<b>Josephine County</b>	500 NW 6th St., #16, Grants Pass, OR 97526	541-474-5200
<b>Klamath County</b>	316 Main St; Klamath Falls, OR 97601	541-883-5147
<b>Lake County</b>	513 Center St.; Lakeview, OR 97630	541-947-6009
<b>Lane County</b>	125 E 8th Ave., Room 400; Eugene, OR 97401	541-682-4261
<b>Lincoln County</b>	225 W Olive, Room 100; Newport, OR 97365	541-265-4145
<b>Linn County</b>	PO Box 100, Albany; OR 97321	541-967-3836
<b>Malheur County</b>	251 B St. W, Box 6; Vale, OR 97918	541-473-5127
<b>Marion County</b>	PO Box 14500, Salem, OR 97309	503-588-5222
<b>Morrow County</b>	PO Box 788; Heppner, OR 97836	541-676-5626
<b>Multnomah County</b>	1021 SW 4th Ave, Room 600; Portland, OR 97204	503-988-3162
<b>Polk County</b>	850 Main St.; Dallas, OR 97338	503-623-9268
<b>Sherman County</b>	PO Box 393; Moro, OR 97039	541-565-3534
<b>Tillamook County</b>	201 Laurel Ave.; Tillamook, OR 97141	503-842-3410
<b>Umatilla County</b>	216 SE 4th St.; Pendleton, OR 97801	541-278-6320
<b>Union County</b>	1007 4th St.; La Grande, OR 97850	541-963-1007
<b>Wallowa County</b>	101 S River St., Room 201; Enterprise, OR 97828	541-426-4543 x640
<b>Wasco County</b>	511 Washington St.; The Dalles, OR 97058	541-506-2680
<b>Washington County</b>	150 N 1st Ave., Suite 300; Hillsboro, OR 97124	503-846-8671
<b>Wheeler County</b>	PO Box 447; Fossil, OR 97830	541-763-4207
<b>Yamhill County</b>	535 E 5th Ave.; McMinnville, OR 97128	503-434-7539