



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. Click [here](#) to access the Oregon Administrative Rules 859-300-0001 to 859-300-0230, pertaining to Gun Relief hearings

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
6400 SE Lake Road, Suite 375
Portland, OR 97222

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,

Alison Bort
Executive Director
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
6400 SE Lake Road, Suite 375
Portland, OR 97222.

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:

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