



Oregon

Kate Brown, Governor

Psychiatric Security Review Board

610 SW Alder Street, Suite 420

Portland, Oregon 97205

Phone: (503) 229-5596

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psrb@oregon.gov

Petition for Relief from Sex Offender Registration

Registrant Name: _____

DOB: _____ SID: _____

Mailing Address: _____

Phone #: _____ E-Mail: _____

Pursuant to ORS 163A and OAR 859-400-0050, you must complete this petition before the Board will schedule a relief hearing. You should include documents supporting all claims and information you provide in the petition. Incomplete petitions may be returned or denied, or may cause a delay in scheduling your hearing. If you cannot obtain supporting documents to support a claim, please provide an explanation. Providing false information may result in denial of the petition.

You have the right to have an attorney represent you, at your own expense, during this process. If you choose to be represented your attorney should provide a notice of representation in your supporting documents. An attorney is not required to proceed with this petition, but you are required to appear for your hearing in person, whether or not an attorney represents you.

Upon receipt of the petition, the Board will review the documents. Once the Board has reviewed and accepted your documents, we will send you notice of the time and location of the hearing.

During this process, you are still required to register as a sex offender. For questions about your registration requirements, contact the Oregon State Police. For additional questions regarding sex offender notification level reclassification, visit the Psychiatric Security Review Board website at <http://www.oregon.gov/prb>

By checking this box, I swear or affirm, under penalty of perjury, that the information and facts included in this petition are true and correct. I understand that providing incomplete, inaccurate, or false information could result in a denial of the application.

Signature: _____ Date: _____



Checklist to Determine Eligibility for Relief from Registration Hearing

If you are currently a registered sex offender in Oregon, you may be eligible for relief from registration. Not every registrant qualifies. If you think you qualify, fill out this checklist. The Board will review the information you provide and run a criminal background check.

If you are unable to check all the boxes below, it is unlikely that you will qualify.

I understand and accept that the Board may conduct a reassessment of my notification level and that I may be assessed at a Level 2 (moderate) or Level 3 (high) and become ineligible for relief.

I am not currently classified by the Board as a sex offender at Level 2 or Level 3.

At least five years have passed since I was reclassified from Level 2 to Level 1 (if applicable).

My classification was not done by the Board of Parole and Post-Prison Supervision (BOPPPS).

At least five years have passed since the supervision for my sex crime was terminated or, if I was not supervised since the date of discharge from the court.

I have not been found guilty of a person felony or person Class A misdemeanor subsequent to being convicted of a crime that required me to register as a sex offender. For a list of person crimes as defined by the Oregon Criminal Justice Commission (please see the [Commission's rules](#)).

I have never been convicted of the following: rape in the first degree; sodomy in the first degree; unlawful sexual penetration in the first degree; kidnapping in the first degree as described in ORS 163.235(1)(e) or when the victim is under 18 years old; or burglary in the first degree when committed with the intent to commit a sex crime (or an equivalent crime in another United States court).

I have never been classified at Level 3 by the Board or another classifying agency.

I have never been designated as a Sexually Violent Dangerous Offender under ORS 137.765.

I was never designated as a Predatory Sex Offender between February 10, 2005 and December 31, 2013.



SUBMISSION CRITERIA

In the following pages to this packet, you will be asked to provide information to the Board to help us make a decision about your case. The Board will not review your documents if they do not comply with the following criteria:

1. Send only one copy.
2. All pages must be sizes 8 ½ x 11, single-sided.
3. All documents must be unstapled/unbound and loose. Binder clips and paper clips are acceptable means of securing documents.
4. Do not send DVD or other submissions intended to be viewed through electronic means.
5. Do not submit copies of legal decisions or scholarly articles; summarize the content in a cover letter, if it is relevant.
6. Handwritten documents must be easy to read and suitable for photocopying.
7. Write your name and state identification number (SID) number (if available) on each page.

Please mail all documents to the following address:

**Psychiatric Security Review Board
610 SW Alder St., Suite 420
Portland, OR 97205**



INFORMATION REQUIRED FROM REGISTRANTS

Oregon law requires that the Board consider the following information when deciding whether to grant relief in your case. As such, please respond to all items below, on a separate document, and please number each response to match the item. For more detailed information, please see “Supporting Document Requirements” in this packet.

1. A certified copy of your national criminal history, including any juvenile adjudications, if present; and
2. Certified copies of statements and/or reports (police or court)¹ giving rise to your obligation to report as a sex offender and sufficient to address:
 - a. The details of the offense(s) that requires reporting;
 - b. The age and number of victims of the offense(s) that requires reporting;
 - c. Your age at the time of the offense(s) that requires reporting;
 - d. How long ago the offense(s) occurred;
 - e. How long you have been offense-free (include arrests or convictions for all sexual and non-sexual crimes);
 - f. Your performance on supervision for the relevant offense(s);
 - g. Any court-approved sex offender treatment programs, or any other rehabilitative programs you have participated in or successfully completed;
 - h. Any information about your employment and housing circumstances;
 - i. Information about your community and personal support;
 - j. Any relevant criminal and non-criminal behavior, before or after the offense(s), that requires reporting; and
 - k. Any other relevant factors.

¹ 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 these records.



SUPPORTING DOCUMENT REQUIREMENTS

Oregon law states that you are responsible to prove by clear and convincing evidence that you should be granted a reclassification of your sex offender notification level or relief from the obligation to register. Therefore, it is important that you support any information you provide to the Board with evidence. Please obtain as many of the listed documents below as you are able. If you are unable to obtain the supporting documents listed below, please provide an explanation of incomplete or unobtainable documents in the forms provided in this petition.

- **Sexual and Non-Sexual Offense (Arrests or Convictions) History**
 - A list of all your sexual and non-sexual offenses
 - Police reports and other documents related to your offense such as judgments, indictments, pre-sentence investigation, post-sentence investigation, and sentencing memoranda
- **Treatment Program Records**
 - Court-approved sex offender treatment programs, or any other rehabilitative programs you have participated in or successfully completed
- **Employment Verification**
 - Documents verifying employment: can include W-2's, pay stubs, letter from HR, letter from a manager, or other verifiable record
- **Housing Verification**
 - Rental agreements, letters from the rental agency, canceled checks for rent payments, letters from landlords, property tax records, utility bills, or another verifiable record
- **Community and Personal Support Verification**
 - Reference letters from community groups, churches, programs, friends, family members, and other verifiable sources
- **Supervision Records**
 - All records regarding performance on supervision, including all sanctions, revocations, and violations



EXPLANATION OF INCOMPLETE DOCUMENTS

For missing or incomplete supporting documents, provide the following information for each document on a separate piece of paper.

Missing document: (What document is missing or incomplete?)

- a. Contents of Document:
(What is contained in the document?)
- b. Document Location:
(Where is it located? What agency/organization holds the document?)
- c. Document Status:
(What attempts did you make to find the document? What is preventing you from obtaining the document?)



DECLARATION

Please fill out and attach this form to the top of your packet when you mail it.

I, _____ declare:
Registrant Name/SID Number

I am the registrant in this case. I have personal knowledge of the facts contained in this packet. If called as a witness, I could competently testify about what I have included in this petition.

I declare, under penalty of perjury, that all information contained in this packet is true and correct.

X _____ Date: _____
Registrant Signature

X _____ Date: _____
Attorney Signature (if applicable)



State of Oregon
Psychiatric Security Review Board

Last Name: _____

SID: _____

REQUEST FOR TELEPHONIC HEARING

If you wish to be considered for a telephonic hearing, please fill out and return this form with your packet. Telephonic hearings are discretionary. You will be notified of the number and procedure to call if your request for telephonic hearing is accepted.

I wish to be considered for a telephonic hearing

Please explain your reasons for requesting a telephonic hearing (attach extra pages if necessary):



Final Checklist

Before you submit your petition, please make sure you have all the required documents from the checkboxes below. Remember to make a copy of your petition for your records before you mail it to the Board. You may attach an optional cover letter if you wish.

Declaration (please place on top of petition packet)

Checklist to Determine Eligibility for Hearing

All records listed on the Required Information Checklist, including the following supporting documents (if able to obtain):

Police Reports related to all sexual and non-sexual offenses

Treatment Program Records

Employment Verification

Housing Verification

Community and Personal Support Verification

Judgments/Orders

Supervision Records

Explanation of Incomplete Documents (provided in a separate document, if applicable)

Attorney Representation Notice (your attorney should provide you with a copy to send to the Board)

Request for Telephonic Hearing (if applicable)

Please mail all documents to the following address:

**Psychiatric Security Review Board
610 SW Alder St., Suite 420
Portland, OR 97205**