



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>



OREGON BOARD OF PAROLE EARLY MEDICAL DISCHARGE FROM PPS/PAROLE UNDER OAR 255-094-0030

Please answer all the questions below before forwarding for approval.

NAME OF SUPERVISED PERSON: _____ SID#: _____

SUPERVISING OFFICER: _____ COUNTY OF SUPERVISION: _____

OFFENSES (LIST ALL): _____

STATUS (PAROLE/PPS): _____

SUPERVISION BEGIN DATE: _____ SUPERVISION END DATE: _____

HOW THE INDIVIDUAL IS PERMANENTLY INCAPACITATED OR HAS A CONDITION THAT REQUIRES CONSTANT MEDICAL CARE AND REQUIRES ADMISSION TO A CARE FACILITY (PLEASE PROVIDE MEDICAL DOCUMENTATION OF SUCH):

HOW THE INDIVIDUALS SUPERVISION PREVENTS THEIR ACCESS TO A NECESSARY CARE FACILITY THAT WILL ADDRESS THEIR MEDICAL NEEDS:

ANY OTHER RELEVANT INFORMATION:

RECOMMENDATION OF SUPERVISING OFFICER:

REQUESTING PO'S SIGNATURE

DATE

COMMUNITY CORRECTIONS
SUPERVISOR OR DESIGNEE
SIGNATURE

DATE

Email completed form to: bppps.webmaster@paroleboard.oregon.gov

————— PAROLE BOARD USE ONLY —————

APPROVED DENIED

DATE: _____

BOARD MEMBER NAME

BOARD MEMBER SIGNATURE

BOARD MEMBER COMMENTS: _____

