

Agency Header

EARNED DISCHARGE REVIEW AND CLOSURE APPROVAL

Case Type (One Case Per Form): ☐ BOPPPS ☐ LSA ☐ PROBATION
Date of PO Review: _____ Earliest Discharge Date if Initial: _____ Review Type: ☐ Initial ☐ Quarterly

Identifying Data:

Name: «Last_Name», «First_Name» «Middle_Name»
Residence: «Home_Address_Line_1_»
«Home_City», «Home_State» «Home_Zip_Code»
SID Number: «ID_Number»
DOB: «Birthdate»
Crime(s): «Crimes_Offenses»
Sentenced On: «Sent_Begin_Dates»
County: «Counties_of_Convictn»
Docket #: «Case_Docket_No»
Judge: «Sentencing_Judges»
Expiration: «Sent_Expi_Dates»

ELIGIBILITY STATUS: Original Crime Sentenced on/after August 1,2013 (see OAR 291-209-0045)

| Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Felony and/or designated drug-related or person misdemeanor convictions sentenced to Probation, Local Control Post-Prison Supervision or Board Post-Prison Supervision; |
| <input type="checkbox"/> | <input type="checkbox"/> | Has not been convicted of a crime (felony or misdemeanor) where the <u>crime occurred</u> while on supervision for the case(s) under review (OAR 291-209). |

Crime commit date: _____ **Case number:** _____

If NO to one or more items above was checked, the client is not eligible for earned discharge on this case

COMPLIANCE STATUS

| Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | | A. Served the minimum period of active supervision on the case(s) under consideration (minimum of 6 months or half of the supervision period whichever is greater); |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Compensatory fines and restitution have been paid in full or current on payment plan; |
| | | | Paid: _____ Owes: _____ Date of last payment: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | | C. Is actively participating in and in compliance with supervision case plan dated _____ ; |
| <input type="checkbox"/> | <input type="checkbox"/> | | D. Has not been administratively sanctioned or found in violation by the court in the immediate 6 months prior to review; |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E. Has completed specialty court programing ordered by the court, all treatment programs with set durations or timeframes, and has consistently participated in ongoing treatment programs assigned by the court or supervising officer. |

Victim Case?: ☐ Yes ☐ No. **Did the victim request notification?** ☐ Yes ☐ No: *If yes, provide the date of contact and a brief description of the contact to include contact method (excluding identifiable contact information) and name of the person(s) contacted.*

Recommendation and Approval

SUPERVISING OFFICER RECOMMENDATION:

- ☐ This case/count meets the minimum requirements allowing for earned discharge and all enhancements have been reviewed.
☐ This case/count does not meet **eligibility status** and is therefore ineligible for further review.
☐ This case/count does not currently meet **compliance status** and will be reviewed quarterly until compliance is met or supervision ends.

«PO_name», PO _____ Date _____

Mgmt. Authorization: ☐ Discharge is Approved ☐ Discharge is Denied If discharge is approved, discharge date: _____

Supervisor _____ Date _____

LSA or Upper Management Approval (If agency required) _____ Date _____

*****Follow your agency requirements and guidelines for timelines on submission*****

(FOR BOARD CASES ONLY)

*****Only submit closure to the Board for cases that meet eligibility for Earned Discharge*****

*****The Board will close this case on the date of the final management signature below which must be on or after the eligibility date*****

*****Do not send this form to the Board ahead of the effective EDIS date (i.e. the actual case closure date)*****

For Board EDIS case closures email this notice to: bppps.webmaster@paroleboard.oregon.gov