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

VICTIM REQUEST FOR NOTIFICATION

Pursuant to Oregon Statute, I am requesting the Oregon Board of Parole notify me of the selected actions on the following offender:

Offender Name:_____ State ID (SID) Number: _____

If SID number unknown: Date of birth: _____ County of Conviction: _____ DA Case Number: _____

Types of Notification

(please select only those you want notification on)

- ☐ Scheduled Parole Hearings
- ☐ Board Action Form
- ☐ Release from Prison
- ☐ Orders of Supervision
- ☐ Photo of Offender
- ☐ Inactive Status
- ☐ Discharge
- ☐ Deceased
- ☐ Sex Offender Notification Level
- ☐ **All of the above**

Victim's Name:_____ Your relation to victim: _____

Your Name: _____ Preferred method of contact: _____

Mailing Address: _____ City:_____ State: _____ Zip: _____

Address if outside the US: _____

Phone: _____ Cell: _____ Work: _____

Email: _____

Other information: _____

☐ **Yes,** you may share my contact information with Department of Corrections and Community Corrections staff.
☐ **No,** please do not share my contact information with partner agencies. You may not receive notice of DOC early release programs.

Submit your completed form by mail to:
Oregon Board of Parole
1321 Tandem Ave NE
Salem, OR 97301

To submit your completed form by email, click here: Email Form
Submit your form by fax to: (503) 373-7558

IF YOUR ADDRESS CHANGES, PLEASE NOTIFY US IMMEDIATELY

Parole Board Use Only:

PID: _____ Notify Date: _____ ☐ New Entry ☐ Data Change

☐Phone ☐E-mail ☐Mail ☐In Person

PBMIS Entry: _____ CIS Entry: _____PB Staff: _____

Demographic Information

The following demographic questions are optional and not required to receive notification or services, and all demographic data is stored separately from personally identifying information. Please check all boxes that apply. This information will be used by the Board of Parole to understand the populations we serve, measure the effectiveness of our outreach to underrepresented populations and ensure we are best meeting the needs of our whole communities.

Race/Ethnicity

- ☐ **Native American/Alaska Native**
- ☐ **Asian**
- ☐ **Black/African American**
- ☐ **Hispanic/Latinx**
- ☐ **Native Hawaiian/Pacific Islander**
- ☐ **Multiracial**
- ☐ **White/Caucasian (non-Hispanic)**
- ☐ **Middle Eastern/Arabic**
- ☐ **A race/ethnicity not listed above (please specify)**

A race/ethnicity not listed above

Gender Identity

- ☐ **Female**
- ☐ **Male**
- ☐ **Transgender**
- ☐ **Non-binary**
- ☐ **Prefer not to answer**
- ☐ **A Gender Identity not listed above (please specify)**

A Gender Identity not listed above

Other Demographics

- ☐ **LGBTQ+**
- ☐ **Homeless**
- ☐ **Veterans**
- ☐ **A demographic not listed above (please specify)**
- ☐ **Immigrants/Refugees/Asylum Seekers**
- ☐ **Limited English Proficiency**
- ☐ **People with disabilities (physical, mental, cognitive)**
- ☐ **Deaf/Hard of Hearing**
- ☐ **Blind/Vision impaired**

A demographic not listed above