

**OREGON BOARD OF PAROLE AND POST-PRISON SUPERVISION**  
**OAR 255-075-0025**

\_\_\_\_\_  
Offender

\_\_\_\_\_  
SID #

**NOTICE OF RIGHTS**

Hearing: You have been provided a copy of the violation report describing your violation behavior. You are entitled to a violation hearing. The purpose of the hearing is to determine whether there is probable cause to believe that you violated conditions listed on the violation report. If that finding is made the Hearings Officer may order or recommend a sanction or revocation that may include local detention, return to prison, or modification of conditions of supervision.

Waive a Hearing: You may waive the hearing in two ways: (1) voluntarily, by checking the appropriate box and signing your name on the back of this form; or, (2) involuntarily, by refusing to participate in your hearing. If you waive the hearing:

- You admit violating one or more of the conditions alleged or you do not contest the allegations and neither admit nor deny them.
- The Hearings Officer and, if applicable, the Board, will make findings based on the Supervising Officer's Violation Report alone. There will be no other hearing.
- If you voluntarily waive a hearing, you may offer an oral or written statement with reasons why the Hearings Officer or Board should not order sanctions, modifications of conditions, or return to prison.

Results of Hearing: Unless you waive your right to a hearing, an impartial Hearings Officer will conduct the hearing and will either:

1. Order a sanction or modification of conditions within the Hearings Officer's authority. When the Hearings Officer's order is the final order, it is immediately effective, but subject to override by the Board; **or**
2. Make findings, conclusions and recommendations to the Board. The Board may order a sanction, revocation that includes local detention or return to prison, or modification of conditions different from those recommended based upon the record of the hearing **without another hearing or appearance.**

Rights Before and During the Hearing: You have the right to:

1. Present relevant oral and written information;
2. Examine witnesses presenting evidence that you violated conditions of supervision, unless the Hearings Officer finds good cause not to allow you that opportunity;
3. Request witnesses who have relevant information regarding the alleged violations, unless the Hearings Officer finds good cause not to allow certain witnesses to testify;
4. Obtain an attorney at your own expense, or request an appointed attorney provided you cannot afford an attorney and (a) you did not violate the conditions and your claim has substantial merit, or (b) there are substantial reasons that justify or mitigate the violation that are complex and difficult to present without an attorney, or (c) you cannot speak effectively on your behalf.

Rights After the Hearing and Appeals: You have the right to:

1. Submit exceptions or arguments to the Hearings Officer's findings, conclusions, and recommendations to the Board **within 10 days** of the Hearing Officer's report (10-day waiting period);
2. Submit a request asking the Board to conduct administrative review of the Hearings Officer's or Board's final order **within 45 days of the mailing date of the final order** by using an Administrative Appeal Request form (Exhibit O) or by letter stating: "This is an administrative review request pursuant to Division 80 of Board rules"; and
3. If administrative relief is denied you may seek judicial review by petitioning the **Oregon Court of Appeals within 60 days** of the mailing date of the Board's response to your request for administrative review.

See reverse side of this form. For further information, see ORS Chapter 144 and OAR 255, Divisions 70, 75, and 80.

**DECISIONS ABOUT RIGHTS**

Hearing: I understand the rights contained in this notice and:

- I **DO NOT** want a hearing (Waive Hearing)
- I **WANT** a hearing

Three-Day Notice: I understand that a hearing will not be conducted less than three days from the date I am notified of my rights, the date, time and place of the hearing, and the allegations against me unless I waive that right.

- Not Applicable** -- Hearing Waived
- I **WAIVE** the right to three days notice
- I **WANT** three days notice before the hearing

10-Day Waiting Period: When the Hearings Officer makes findings, conclusions, and recommendations to the Board, I understand that I have ten days to submit written exceptions concerning the report to the Board of Parole and Post-Prison Supervision (attention Sanctions Specialist).

- I **WAIVE** the 10-day waiting period to submit any written exceptions before the final decision is made
- I **DO NOT WAIVE** the 10-day waiting period. (A final decision by the Board will be delayed 10 days to allow you to submit written exceptions concerning the Hearings Officer's report.)

Attorney:  I have obtained my own attorney to represent me in this violation hearing. My attorney is:

- \_\_\_\_\_ Phone: \_\_\_\_\_
- Not Applicable** – Hearing Waived
  - I **DO NOT** want an appointed attorney
  - I **WANT** an appointed attorney

Request for appointed attorney is: <input type="checkbox"/> Allowed <input type="checkbox"/> Denied by Hearings Officer
Reason(s) for denial by Hearings Officer:
<input type="checkbox"/> Offender is not indigent; <input type="checkbox"/> Offender IS indigent, BUT:
<input type="checkbox"/> There is not a timely and colorable claim offender has not committed the alleged violation;
<input type="checkbox"/> Reasons which justify or mitigate the violation are not complex or otherwise difficult
<input type="checkbox"/> Offender is capable of speaking effectively in his or her own behalf

Witnesses:  **Not Applicable** – Hearing Waived  
 I **DO NOT** want witnesses  
 I **WANT** witnesses at the hearing

Allowed/Denied	Name	Address/Phone	Why Denied by Hearings Officer
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Understanding (if Hearing Waived): Having waived my right to a hearing, I consent to the modification of conditions and/or sanctions ordered by the Supervisory Authority or Hearings Officer as listed on the sanction report. I understand that the Board may within its authority override any sanction ordered by the supervising officer or Hearings Officer and impose a greater or different sanction, including revocation that may include local detention or return to prison, without another hearing or personal appearance.

Proposed sanction/revocation/modification: \_\_\_\_\_

I have read, or have had read to me, and fully understand and acknowledge this Notice of Rights and Decisions about Rights form.

\_\_\_\_\_  
Signature of Hearings Officer or Representative

\_\_\_\_\_  
Signature of Offender

\_\_\_\_\_  
Printed Name of Hearings Officer or Representative

\_\_\_\_\_  
Printed Name of Offender and SID #

Date: \_\_\_\_\_

Date: \_\_\_\_\_