



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>

Request for Early Medical Release – Exhibit EMR-R

AIC Applicant Name: _____

Date: _____

SID: _____ Facility Applicant is Housed: _____

Name of person filling out this form (if not AIC): _____

Relationship of person filling out this form (if not AIC):

- Family member
- Guardian

Has the AIC Previously Applied: YES NO

Date of Previous Application: _____

If YES, what is the change in medical circumstances?

Please provide the following information. Attach additional pages if necessary.

State how the AIC: is suffering from a severe medical condition including terminal illness.
 is elderly and permanently incapacitated in such a manner that they are
 unable to move from place to place without the assistance of another person.

AIC's proposed housing plan on release:

AIC's proposed plan of care on release:

Other relevant information:

I consent to this request for early medical release.

____ (initial) I authorize DOC to release my medical records, including mental health treatment, to the Board of Parole for the purposes of this request for early medical release. I understand I can cancel permission to use and disclose my information at any time in writing. (Refusal to initial this release of information may result in denial of application.)

____ (initial) I authorize DOC to release HIV/ AIDS related records if related to condition relied upon in requesting early release.

AIC Signature

Date

Applicant Signature
(If not AIC)

Date

Return completed form to ParoleBoardEarlyMedicalRelease@paroleboard.oregon.gov or mail to address above.

----- Board Use Only -----

This application does not apply to adults in custody who are: sentenced to life imprisonment without the possibility of release or parole under ORS 138.052 or 163.150; have not served a minimum term under Measure 11; are not eligible for sentence reduction; or prohibited under other state law. Exhibit EMR-R

Applicable statutes: ORS 144.122, 126 Statutory Eligibility: YES NO Date Determined: _____ PB0061 – 2024
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