

**Residential Care/Assisted Living
Notice of Move-Out
Oregon Administrative Rule OAR 411-054-0080 (8)
Notice of Immediate Move-Out for a Sexual Offender**



Notice issued to: Last name: _____	First name: _____
Date issued: ____ / ____ / _____	30 days will be: ____ / ____ / _____
Name of facility: _____	<input type="checkbox"/> RCF <input type="checkbox"/> ALF <input type="checkbox"/> MCC
Address: _____	
City/state/ZIP: _____	
Telephone: _____	Fax: _____

You are expected to move out of this facility *upon receipt of this notice, or as indicated by the Date of Move-Out.* The facility has determined that you are on probation, parole or post-prison supervision after being convicted of a sex crime and the facility was not notified of this prior to your admission.

You present a current risk of harm to another resident, staff or visitor in the facility, as determined by the following:

- You have demonstrated current or recent sexual inappropriateness, aggressive behavior of a sexual nature or verbal threats of a sexual nature *and*
- The State Board of Parole and Post-Prison Supervision, Department of Corrections, or the Community Corrections Agency has communicated that your Static 99 score or other assessment indicates a probable sexual re-offense risk to others in the facility.

IF YOU OBJECT TO THIS DECISION:

- **YOU HAVE THE RIGHT TO REQUEST AN ADMINISTRATIVE HEARING:**
 - If you do not want to move based on the reasons stated in this notice, you must complete the attached hearing request form.
 - A request for a hearing does not delay the involuntary move.
 - Hearings are held before an Administrative Law Judge who works for the Office of Administrative Hearings.
 - A hearing will be held within five business days of the move.

● **ABOUT HEARINGS:**

- At the hearing you can tell why you do not agree with the decision.
- You can have people testify for you.
- You can have a lawyer or someone else help you. **You may be able to get free legal services through a Legal aid or local bar association.**

- **Note to military personnel:** Active duty service members have a right to stay these proceedings under the federal Service members Civil Relief Act. For more information, you may contact the Oregon State Bar (800-452-8260), the Oregon Military Department (800-452-7500), or the nearest legal assistance office, <http://legalassistance.law.af.mil>.

If you are having difficulty understanding this notice or your rights, or if you need an advocate to assist you at an administrative hearing, you may contact:

Long Term Care Ombudsman
3855 Wolverine NE, Suite 6
Salem, OR 97305
Phone 1-800-522-2606 or 503-378-6533 -- TTY 503-378-5847

Signature & title of facility representative

Date

Copies of this notice have also been issued to the following people and agencies:

Name/Relationship	Address

This notice must be faxed to the Office of Licensing and Regulatory Oversight at 503-378-8966, or emailed to: CBC.Team@dhsola.state.or.us and to the Long-Term Care Ombudsman Office at 503-373-0852 immediately after it is delivered to the resident.