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IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF MULTNOMAH

STATE OF OREGON,)	No. [field]
)	
Plaintiff,)	NOTICE OF INTENT TO OPT OUT
)	OF MULTNOMAH COUNTY
vs.)	JUSTICE REINVESTMENT
)	PROGRAM
[defendant],)	
)	
Defendant.)	

Defendant hereby gives notice, by and through [his/her] attorney, [attorney name], of [his/her] intent to opt out of the Multnomah County Justice Reinvestment (MCJR) Program.

By signing below, the attorney for defendant certifies:

- 1- I have explained fully to the defendant all of the possible dangers and advantages of participating in the risk assessment interview.
- 2- I have explained fully to the defendant, to the best of my current ability to predict, the maximum possible sentence; the presumptive sentence; and the reasonably anticipated sentence after a lost trial or conviction by other means.
- 3- I have explained fully to the defendant how the MCJR Program works and what services can be made available through the Program.
- 4- I have explained to the defendant that opting out is an irrevocable decision, and that after opting out, [he/she] will not be permitted to participate in this program or to take advantage of any of the services offered through the MCJR Program.
- 5- After our consultation and with full knowledge of all of the above, the defendant has chosen not to participate.

DATED this [] day of [],[] .

[field], OSB #[field]
Attorney for Defendant

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IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF MULTNOMAH

STATE OF OREGON,)	No. [field]
)	
Plaintiff,)	NOTICE OF INCAPACITY TO OPT
)	OUT OF MULTNOMAH COUNTY
vs.)	JUSTICE REINVESTMENT
)	PROGRAM
[defendant],)	
)	
Defendant.)	

Defendant hereby gives notice, by and through [his/her] attorney, [attorney name], of [his/her] incapacity to opt out of the Multnomah County Justice Reinvestment (MCJR) Program.

By signing below, the attorney for defendant certifies:

- 1- Due to defendant’s mental infirmity, I am unable to explain to the defendant in a way that he or she can understand all of the possible dangers and advantages of participating in the risk assessment interview.
- 2- Defendant is currently unable to understand his or her choices, and is currently unable to make decisions about his or her case.
- 3- Because I am unable to render the constitutionally necessary legal advice and counsel at this time, I cannot commit defendant to either route: to Opt Out or to remain in MCJRP.
- 4- Because of defendant’s mental incapacity, I request that no risk-assessment interview be conducted until such time as defendant’s capacity is restored.**

DATED this [] day of [],[] .

[field], OSB #[field]
Attorney for Defendant

FOR THE COUNTY OF MULTNOMAH

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STATE OF OREGON,)
)
Plaintiff,)
)
vs.)
[field],)
)
Defendant.)

No. [field]
AFFIDAVIT IN SUPPORT OF LATE
NOTICE OF INTENT TO OPT OUT
OF MCJR PROGRAM

STATE OF OREGON)
)
County of Multnomah) ss.

I, [field], being first duly sworn and under oath, hereby state as follows:

I represent [field] on a charge for which the defendant eligible for the Multnomah County Justice Reinvestment Program (MCJR Program).

I have consulted with defendant, and s/he does not wish to participate in the program. S/he does not wish for the results of the risk assessment interview to be known or further disclosed.

For reasons other than strategy or tactical considerations, I failed to register a Notice of Intent to Opt Out of the MCJR Program within twenty-one (21) days of the arraignment on the indictment as required, and therefore, the interview already took place. My failure to file timely Notice was a good faith error due to [insert reason].

[field], OSB #[field]
Attorney for Defendant

SUBSCRIBED AND SWORN to before me this [field] day of [field], [field].

Notary Public for Oregon
My Commission Expires: _____

Dist: __ DA __ Court __ DCJ