



**D**UII

**I**ntensive

**S**upervision

**P**rogram

Multnomah Circuit Court

**Referral Packet**

# About DISP

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## **What is DISP?**

DISP stands for DUII Intensive Supervision Program. It is a DUII court program which focuses on working with repeat DUII offenders who struggle with alcohol or drug abuse. Our goal is to reduce the cycle of addiction and incarceration and promote long-term recovery and community safety.

DISP follows the well-established interdisciplinary DUII court model and strives to meet proven best practices. This includes regular court appearances, substance use and mental health treatment, intensive supervision with collaborative case management, random and frequent drug testing, incentives, and sanctions. There are six phases to the program which take a minimum of two years to complete. DUII cases filed as misdemeanors may complete the program in as early as 18 months.

More information about DUII courts can be found at [www.dwicourts.org](http://www.dwicourts.org)

## **The DISP Court Team**

The DISP team includes a Judge, probation officer, defense attorney, deputy district attorney, treatment counselors, case managers, peer mentors, program coordinator, and other community social service agencies. The team works together to support a collaborative case plan.



## **Expectations of participants in DISP**

In addition to the DISP special conditions of probation, participants are expected to show up and be honest about their progress and struggles. The DISP team understands the complexities of substance use disorder and is committed to responding fairly and supporting participants during their recovery journey while balancing community safety.

## **Equity and Inclusion**

The DISP team is committed to equity and inclusion. Our community partners offer a variety of treatment options which are trauma informed and responsive to various cultures, communities, and abilities. We also welcome feedback from the participants, community members and community partners.

## Program Contacts

	<b>Jennifer Rivas</b> OJD Program Coordinator		jennifer.e.rivas@ojd.state.or.us	971-274-0610
	<b>Jamie Cruz</b> DCJ Probation Officer		jamie.l.cruz@multco.us	503-988-3458

Please send referrals to: [Mul.disp.referral@ojd.state.or.us](mailto:Mul.disp.referral@ojd.state.or.us)

## DISP Referral - Checklist

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### Step 1: You will need to schedule a DISP screening with the DISP Coordinator

Screenings can be scheduled by emailing Jennifer Rivas at: [jennifer.e.rivas@ojd.state.or.us](mailto:jennifer.e.rivas@ojd.state.or.us) Screenings take about an hour and can be done virtually or in person at the courthouse.

**Step 2: Client will need to complete a treatment level of care assessment.** The DISP coordinator will refer client at DISP screening appointment. Assessments take about 2 hours and will be conducted virtually by Northwest Treatment LLC. (DUII certified provider: OHP accepted)

### Include with this referral – required:

- A completed Oregon Judicial Department release of information (pages 5-7) (please make sure you fill / sign all fields)
- A completed Northwest Treatment release of information
- DISP screening completed on \_\_\_\_ (date)
- If there is a mental health diagnosis, please share any information that may help us move forward in the right direction.
- Current LSCMI (if defendant is currently on pretrial release had an LSCMI)
- If defendant is currently engaging in treatment: Current ASAM, *updated treatment report, and / or a release of information and contact information from the provider*

### Other – required:

- Copies of all police reports associated with case(s) being considered + copy of defendant criminal history**

- The defendant meets eligibility criteria (page 3)
- The defendant has received a copy of the DISP Participant Handbook (email [Mul.disp.referral@ojd.state.or.us](mailto:Mul.disp.referral@ojd.state.or.us) for a copy)
- The defendant has reviewed the [DISP conditions of probation](#) with their defense attorney (defendants are not required to sign the DISP probation conditions until plea / sentencing)

# DISP Referral – Eligibility

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## Mandatory Criteria / Target population

To be considered for DISP, the defendant must meet eligibility criteria below:

1. An open DUII case or current DUII probation case with at least 24 months of probation time remaining
2. Participants must be 18 years and older
3. No less than two and no more than seven prior DUII convictions, including diversion and pending charges
4. Participants with Felony charges must be a resident of, or capable of moving to, Multnomah County within 30 days of DISP entry
5. Prior to entry, potential participants must complete the Impaired Driver Assessment (IDA) and score High Risk / High Need
6. Must reside in Oregon

## DISP TWO-YEAR PROBATION PROGRAM

For certain qualifying misdemeanor probations, DISP offers a two-year probation. The two-year probation contains the same requirements and phases as the three-year probation. In addition to the standard disqualifying criteria for DISP, the following will **not** be eligible for two-year probation:

1. Misdemeanor cases where the case would have been a felony except that out-of-state DUII crime cannot be counted in Oregon but that drinking (or substance use) and driving were involved in the out of state crime
2. Three or more prior lifetime DUIIs
3. Prior felony DUII conviction
4. Serious injury accident was involved
5. Defendant faces other felony charges and is entering DISP on a misdemeanor DUII in order to access treatment services.
6. Cases where the District Attorney's Office expresses valid concern of high community risk to warranting a significant custody or probation offer.

DISP DDA will review cases on an individual basis to determine the extent and circumstances surrounding the disqualification factors versus the need to participate in the program. Exclusions can be given discretionary review and approval by the DDA. The possibility of additional program conditions may be considered for acceptance.

All clients will be advised that failure to reach benchmarks set in the DISP phases may result in probation being extended. This is true for all probations currently in DISP. The DISP Judge retains final discretion on length of probation sentence.

Just as the three-year probation may be completed in two years for those who do well in the program, so too can the misdemeanor 2-year probation be completed early. At the discretion of the Court, probationers who make it through all the phases and requirements early and without probation violations may be completed six months early (e.g., after 18 months of probation).

If there are any questions about the eligibility criteria, please reach out to one of the program contacts (listed on page 2).



**OREGON SPECIALTY COURT  
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

By signing this form, I, \_\_\_\_\_ or my authorized representative, consent to and authorize the DUII Intensive Supervision Program (DISP) and the following individuals and entities:

Multnomah County Circuit Court, 4<sup>th</sup> Judicial District

Volunteers of America Oregon, Treatment agency on the team

Northwest Treatment, Treatment agency on the team

Multnomah Defenders Inc, Firm of Program's Defense Attorney

Multnomah County District Attorney's Office

Multnomah County Department of Community Justice (DCJ), Probation Office

Vigilnet Northwest, Outreach Smartphone Monitoring (OSM), Electronic Monitoring Providers

Portland Police Bureau (PPB), Law Enforcement Agency

Multnomah County Sheriff's Office (MCSO), Law enforcement agency that provides security, transport, and jail-related services

Millennium Health LLC, primary laboratory for drug testing services

to disclose my information and communicate with one another regarding my eligibility and/or acceptability for the Program, to monitor my progress in and compliance with substance abuse and/or mental health treatment services, and to monitor my compliance with Program requirements and directives. This includes sharing with each other my assessment results, diagnostic conclusions, prescribed medications, unprescribed substance use, screening results, referrals to treatment and other services, treatment attendance records, progress in treatment, compliance with treatment, and compliance with Program requirements and directives. My information may also be disclosed in connection with an audit or evaluation of the performance of the Program and to determine whether the Program is following best practices such as the Oregon Specialty Court Standards.

I understand that my alcohol, drug, and/or mental health treatment records are protected under applicable state and federal laws and regulations including, without limitation, ORS 3.450, the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 45 C.F.R. Parts. 160 & 164.

I understand that I have no legal right to participate in the Program and that this consent is required in order to participate in this Program. This consent form will be used to obtain information to assess my compliance and progress toward achieving the Program's objectives. The Program is separate from treatment programs and other services I may receive while in the Program.

I understand that my treatment provider may not condition treatment, payment, enrollment, or eligibility for the treatment provider's benefits on the provision of this consent.

If I sign this consent my information will be disclosed to the people or programs listed on this form. The information disclosed to an entity covered under the HIPAA Privacy Rules may only be redisclosed with my written authorization or under other provisions of the HIPAA Privacy Rules. Information disclosed pursuant to this authorization may no longer be protected by the HIPAA Privacy Rules if it is disclosed to people or programs that are not subject to the HIPAA Privacy Rules. For example, the judge and attorneys who receive the information are not subject to the HIPAA Privacy Rules. However, the other federal regulations that protect my information will continue to apply. If my information is disclosed to a person or entity not covered by the HIPAA Privacy Rules, that person or entity may only redisclose my records with my written authorization or under other provisions of the federal regulations.

Identifying information including treatment status and compliance with Program requirements may be disclosed in the normal course of court proceedings open to the public and recorded in court data information systems available to the public, and I hereby authorize such disclosure. I understand that it is possible that an observer could make the connection between specialty court participation and substance abuse and/or mental health treatment. I understand that information disclosed during court proceedings will no longer be protected by the HIPAA Privacy Rules.

I understand that my treatment records and other treatment related information cannot be used to investigate, initiate, or substantiate criminal charges against me. However, federal laws and regulations do not protect information related to the commission of a crime, or any threat to commit a crime, while on Program premises or against Program personnel. Additionally, federal laws and regulations do not protect information related to suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

I understand that I may revoke this consent at any time. If I revoke my consent orally, I agree to confirm my revocation in writing. I understand that this consent agreement is a condition of the Program and if I revoke my consent I will be terminated from the Program. Revoking my consent will not affect any information that was previously disclosed.

This consent will expire upon my completion of, or separation from, the Program.



Any violation of federal laws and regulations is a crime and suspected violations may be reported to the U.S. Attorney for Oregon (see <https://www.justice.gov/usao-or/our-locations>) or the Substance Abuse and Mental Health Services Administration (SAMHSA) (see <https://www.samhsa.gov/about-us/contact-us>).

OPTIONAL:  I consent to receiving courtesy text messages from the Program related to my participation in the Program. Cellphone #: ( ) \_\_\_\_\_.

I understand that standard text and data charges may apply. I understand that I may revoke my consent to receive text messages at any time by notifying the Program's court coordinator or by replying STOP to a text message from the Program. Unless revoked, my consent to receive text messages will remain in place so long as I am a participant in the Program.

You may sign this Consent using either: (i) an original signature on a printed document; or (ii) an electronic signature. If using an electronic signature, you may electronically sign either by typing "s/" followed by your name (example: s/ John Doe) or by using electronic signature software that includes a Security Procedure (defined in ORS 84.004) designed to verify your electronic signature.

**I have read and understand the contents of this consent. I fully understand my rights and I am signing this consent voluntarily. I understand that, by signing this consent form, I am authorizing disclosure of my protected health information, as outlined above, to the persons and/or entities listed on this form. I further understand that this consent will be in effect for the duration of time I am in the Program. I am not under the influence of drugs or alcohol.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Witness Name: \_\_\_\_\_

Position: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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

## Personal Information

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred name (if different): \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: F/M/Other \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Primary Language if other than English: \_\_\_\_\_

Race Identity: African American or Black / Asian / Caucasian / Latinx / Native American / Pacific Islander

## **Treatment Status**

Is the defendant currently in treatment? Start Date: \_\_\_\_\_ Agency: \_\_\_\_\_

## **Vehicles**

Please list all vehicles in your possession / name

Make: Model: plate #:

## Case Information

Multnomah County referral case(s): \_\_\_\_\_

Deputy District Attorney assigned to referred case(s): \_\_\_\_\_

Defense attorney on referred case(s): \_\_\_\_\_

Other open cases (include non-Multnomah County cases): \_\_\_\_\_

Other probations (Case # and county?)

If in custody, does the defendant have holds?  Yes  No If yes, what jurisdiction/authority: \_\_\_\_\_

Is the defendant on formal supervision:  Yes  No If yes, where: \_\_\_\_\_

Is the defendant on bench probation:  Yes  No If yes, case(s): \_\_\_\_\_

Does the defendant have a current DUII case or probation:  Yes  No If yes, case number(s): \_\_\_\_\_

Has the defendant ever been found GEI or unable to assist:  Yes  No If yes, case number(s): \_\_\_\_\_

Has the defendant ever been diagnosed with of schizophrenia, schizoaffective disorder, or bipolar?  Yes  No

Has the defendant been screened for S.T.E.P., START, or Mental Health Court?  Yes  No

If yes, outcome: \_\_\_\_\_

Has the District Attorney's office offered DISP, or do they agree to DISP if accepted?  Yes  No

### Additional Information

Have you served in the military?  Yes  No      Would you like access resources only available to veterans?  Yes  
 No      Children:  Yes  No      Custody:  Yes

Open DHS:  Yes  No

Names and Ages: \_\_\_\_\_

### Contact Information

Phone number: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ How long: \_\_\_\_\_

Lives with: \_\_\_\_\_ On supervision:  Yes  No

Additional Vehicles at residence?

Minors in the home:  Yes  No      If yes, parent/guardian: \_\_\_\_\_

### Treatment History

Outpatient:  Yes  No

Outpatient Completed:  Yes  No

If yes, where: \_\_\_\_\_  
\_\_\_\_\_

Inpatient:  Yes  No

Inpatient Completed:  Yes  No

If yes where: \_\_\_\_\_  
\_\_\_\_\_

**Mental/Physical Health**

Mental Health Diagnosis:  Yes  No

If yes date/practitioner: \_\_\_\_\_

Current medications: \_\_\_\_\_

Any Physical Health issues that may affect your ability to get to and from treatment, court hearings, or other appointments?

\_\_\_\_\_  
\_\_\_\_\_

Are you able to take public transportation?

\_\_\_\_\_  
\_\_\_\_\_

**Additional Information/Other**

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# DISP Probation Conditions

DISP Probation Conditions  
IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR MULTNOMAH COUNTY

## DUII Intensive Supervision Program (DISP)

STATE OF OREGON

CASE NO. \_\_\_\_\_

v.  
  
\_\_\_\_\_

### DISP PROBATION CONDITONS

**This is not a complete list of your conditions. Additional Statutory Conditions of Probation found in ORS 137.540 also apply to your probation.** The Judge has authority to change your probation conditions at any time for good cause.

All probation conditions apply to you for the full term of your probation unless modified in writing by the Court.

#### At Sentencing:

- You understand that immediately upon sentencing, you will be booked into jail overnight.

#### Honesty and Reporting to Case Manager:

- You must honestly and completely answer all questions from the Judge, Case Managers or Probation Officers.
- You must truthfully and fully report any violation of your probation to your Case Manager before being contacted or questioned by DISP staff, and within 48 hours of the violation.
- If you use a prohibited substance, provide a dilute or tampered UA, you must report to court in person the next business day by 9AM.
- It is your obligation to remain in contact with the Court and meet with your Case Manager as directed.
- You are required to immediately reply to phone calls, emails or other messages from all DISP team members including case managers, PO, treatment and electronic monitoring.
- You must assure your Case Manager and PO has your current address, email address, and phone number at all times.
- You must maintain a working phone throughout probation and reply as directed to all phone messages from your case manager and PO. Failure to attend scheduled meetings with your probation officer is a violation.

### **No Driving or Possession of Motor Vehicles:**

- You may not drive any motorized vehicle on public roads or private property without written permission from the Court.
  - “Vehicle” is defined as anything capable of self-propulsion and includes cars, trucks, off-road vehicles, motorcycles, boats, personal watercraft, snowmobiles, airplanes, golf carts, forklifts, scooters, and all other motor-powered vehicles.
- You may not own any motor vehicle or have your name on the title to any vehicle unless you receive written permission from the Court.
- If you own any vehicles, you must sell them unless the Court grants written permission to retain the vehicle.
- You may not apply to DMV for a license, or a hardship permit without written permission from the Court. You may not obtain a driver’s license in another state without written permission from the court.
- You must have a minimum of 90 days of violation free probation before you are allowed to drive.
- If you are allowed to obtain a license, you must have a valid driver’s license, proof of insurance and an Ignition Interlock Device, as required by DMV or the Court.
- Do not possess ignition keys or any instrument designed to start a motor vehicle.
- Do not store or keep a vehicle for anyone else.
- Only one car per licensed driver may be at your residence.
- No working as a mechanic without prior court permission.

### **Alcohol and Drugs:**

- Do not consume or possess alcohol, marijuana, synthetic drugs, cannabinoids, hallucinogenic or any other intoxicants or illegal drugs.
- The Program cannot maintain a current, comprehensive list of intoxicants. DISP does not allow the use of any intoxicant, or mind-altering substances. Special care needs to be used when considering the use of any supplements to address pain, anxiety, mood, energy, sleep, weight loss, exercise, concentration etc. Participants are responsible for checking with their case manager and treatment provider before taking any substance. Examples of banned substances contain but are not limited to; Spice, Kratom, CBD, Kava, Valerian, and others.
- Do not be around other persons who are using or possessing alcohol, marijuana, or illegal drugs.
- Do not be in places where alcohol, marijuana or illegal drugs are used, kept, or sold.
- Marijuana use in any form is not allowed for any reason.
- Alcohol, marijuana or illegal drugs may not be kept or used in your home, your business, or your vehicle.
- Do not be where alcohol or marijuana is a primary business, such as taverns, brew pubs, bars/lounges, wine shops, liquor stores, marijuana clinics or stores, or similar establishments.
- Do not enter Casinos, “adult entertainment establishments”, or any other place where minors are excluded, including the bar or lounge area of a restaurant.
- If the restaurant serves alcohol, you may not have any alcoholic beverage on your table.
- Do not manufacture beer, wine, hard cider, kombucha, or another alcoholic beverage.
- You may not grow, store, or distribute marijuana or work for employers that grow, store, or distribute marijuana.
- Do not consume or use the following: near beer, non-alcoholic wine, mouthwash containing alcohol, cough syrup containing alcohol, cold medication containing alcohol, or any other product that contains any alcohol.

- If you take any prescribed medication or receive new prescriptions while on probation, inform your Case Manager before filling your prescription (unless it is a medical emergency).
- Before you may fill a prescription for certain kinds of medications, you may be required to obtain a written acknowledgment from the prescribing physician, stating that the physician is aware that you are participating in a substance abuse prevention program.
- Provide either a copy of the prescription or the prescription bottle to your case manager each month.
- Do not take any other person's prescription medicines.
- Do not take medications that you do not currently have a prescription for, which includes medications that are expired or prescriptions that have been discontinued.
- Do not consume poppy seeds or food containing poppy seeds.
- To participate in DISP, you are required to sign releases for all medical information that is relevant to your probation.
- No working in a bar or restaurant where alcohol is served.

### **Alcohol and/or Drug Treatment:**

- You must attend alcohol and/or drug treatment at the direction of your Case Manager or the Judge. Active treatment, with your designated treatment provider, must begin no later than seven (7) days after sentencing.
- You are not allowed to miss, cancel or reschedule treatment sessions without prior permission from the court and treatment
- You must schedule and attend the required ADES evaluation within 180 days of sentencing.
- The cost of treatment is your responsibility whether it is through insurance or self-pay.
- After treatment reports to the court that you are ready, you must attend at least two community support meetings (12 Step anonymous groups, SMART Recovery, Celebrate Recovery, etc.) every week and document that attendance.
- Monitoring of probation compliance may be done by any of the following:
  - Random Urinalysis, Hair Testing and other drug and alcohol testing methods.
  - Electronic Monitoring that may include in home or on person alcohol / drug testing.
  - Home visits by Probation Officer or other Law Enforcement personnel.
- You must not falsify, dilute or alter drug and alcohol tests.
- All urinalysis testing must be observed.

### **Electronic Monitoring:**

- Do not tamper with or disconnect the monitoring equipment.
- The Court may extend your electronic monitoring period based on your performance.
- You must make a payment plan with the Electronic Monitoring Provider and make payments according to that schedule unless a grant funds this.
- You must follow all directions of the Electronic Monitoring Provider personnel regarding Electronic Monitoring. You are required to reply to phone calls and emails from the Provider.

### **Full-time Employment and Education:**

- Full-time employment is required unless the Court for good cause changes this requirement.
- You must document your work each month with paycheck stubs or other appropriate verification.

- You must receive written permission from Court to work any job that requires handling or serving alcohol, marijuana, or other controlled substances.
- Do not quit your job without prior permission from the Court or your Case Manager.
- Retired or disabled individuals may be required to perform a volunteer activity.
- Individuals who receive Court permission to attend school must verify attendance, provide registration documentation and maintain an academic course load leading to a degree.
- You will be required to participate in a weekly social activity.

**Gambling, Casinos:**

- Do not gamble, play cards for money, play video poker, engage in sports-betting or enter any place where gambling is a primary source of business, such as Casinos or Video Poker lounges.
- You may not play any games associated with the Lottery
- While on probation, you may not vacation in a gambling center such as Reno, Las Vegas or Atlantic City.

**Education:**

- If you do not have a high school diploma or GED, you may be required to obtain a GED.

**Police Contact:**

- You must report all police contact, arrests, or new criminal charges to Case Manager or Probation Officer within 48 hours.
- You must report police contact prior to questioning by your Case Manager.

**Travel:**

- You must have written Court permission to leave the State of Oregon.
- You must have written Court permission to be away from your home for more than 48 hours, even if you remain in Oregon.

**Questions or Difficulties:**

- If you have questions or difficulties regarding probation, you must notify your Case Manager or Probation Officer immediately and attempt to resolve the situation.
- You may request a Court hearing only after attempting to resolve any questions or difficulties with the Case Manager or Probation Officer.

**I have read these probation conditions and understand that all DISP participants are subject to these conditions.**

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Printed Defendant's Name

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Signature of Defendant





Date \_\_\_\_\_

## Contested Probation Violation Hearings

In order to participate in the DISP court program, I understand that I am required to submit to random urinalysis to test for the presence of controlled substances, alcohol, marijuana and other prohibited substances. I also understand that urinalysis testing will also detect if I submit a diluted urine sample. Please initial next to each statement to say you understand.

\_\_\_\_\_ I know that if a random urinalysis indicates the presence of any prohibited substance or a diluted sample, I have a right to request the sample be tested by an independent laboratory contracted with the DISP court program for confirmation.

\_\_\_\_\_ I understand that the laboratory is not/may not be in the state of Oregon. If the laboratory results confirm the presence of any prohibited substance or a diluted sample, I will be given notice of the results. If I wish to dispute the findings, I have the right to request a probation violation hearing.

\_\_\_\_\_ I further understand that the toxicology report conducted by an independent laboratory contracted with the DISP court program for confirmation will be admissible evidence for the probation violation hearing.

\_\_\_\_\_ As consideration for my participation in the DISP court program, I waive any statutory or constitutional right to have the state call a witness for the probation violation hearing from the laboratory or treatment provider. I do have the right to have my attorney subpoena the toxicologist or other relevant witnesses for the probation violation hearing.

\_\_\_\_\_ Acknowledging all this, I knowingly waive my right to require the state to have the laboratory witness to appear in person for any contested probation violation hearing.

\_\_\_\_\_ I agree that if a laboratory witness testifies at the probation violation hearing that the testimony will be by telephone or by any other two-way electronic communication device, including but not limited to satellite, cellular or other interactive communication device. In special circumstances,

\_\_\_\_\_ I acknowledge that my attorney retains the right to request that the witness appear in person if necessary to assure due process. It is up to the DISP court judge to make the determination if the witness is needed to personally appear for the hearing. The judge may take into account several factors, including but not limited to: 1) The ability to evaluate the credibility and demeanor of the witness in person is critical to the outcome of the proceeding; 2) The issue or issues the witness will testify about are so determinative of the outcome that face-to face cross-examination is necessary; 3) The exhibits or documents the witness will testify about are too voluminous to make telephone testimony practical; and 4) The failure of the witness to appear personally will result in substantial prejudice to a party to the proceeding.

Participant Signature: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Please make sure you have reviewed the checklist and all documents are submitted

to: [Mul.disp.referral@ojd.state.or.us](mailto:Mul.disp.referral@ojd.state.or.us)