

AIP Questionnaire

Please fill out this form to the best of your ability. You may skip any questions. You may include additional pages if needed. There is a blank page at the end of the questionnaire. The information you provide is confidential. The Oregon Justice Resource Center (OJRC) will not disclose any information in this questionnaire associated with your name unless you authorize us to do so. Completing this questionnaire does NOT create an attorney-client relationship with the OJRC. The OJRC has NOT agreed to provide you with legal services.

The OJRC reviews every response we receive. While we may not be able to respond to you, the information you provide will help us better understand the AIP situation in order to focus our future advocacy efforts.

Name: _____ SID# _____ Today's Date: _____

Prison: _____ Name of AIP program: _____

TIMELINE

Date that you first started AIP? _____

What was your expected release date when you first started AIP? _____

Before AIP stopped in March 2020, did you get any program extensions, i.e. 30-day extension because not making adequate progress, 30-day extension because of physical illness, etc.?

_____ No _____ Yes. If yes, why? _____

Date that you were told AIP was being suspended? _____

Date that you were told you lost your AIP release date? _____

Did you submit any grievance forms about AIP?

_____ Yes. If Yes, what was the response? _____

_____ No. If No, why not? _____

Did you kyte anyone about AIP?

_____ Yes. If Yes, what was the response? _____

_____ No. If No, why not? _____

Did you sign back into AIP? _____ No _____ Yes

CONFIDENTIAL

If you did not sign back into AIP, why not? _____

_____ Now, what is your release date? _____

If you did sign back into AIP, what is your release date? _____ Do you have any problems with this new AIP release date or program? (Example: *My release date is 30 days later than I was promised, etc.*)

What happened? From March 2020 to now, describe what happened with your AIP treatment. If you can, please include dates and what prison staff/DOC communicated to you and how they communicated with you; what you or other staff continued to do for treatment; and any communication you tried to have with prison staff/DOC about what was going on and their responses.

(More space on the next page.)

[illegible]

(More questions on the next page.)

HOW YOU HAVE FELT & OTHER CONSEQUENCES

How you have felt in recent months about how the prison/DOC has been handling AIP and treating you in the handling of AIP?

What have been the consequences, harms, or problems that you or your family have suffered because of the disruption in your AIP treatment and/or handling of AIP by the prison/DOC?

ADDITIONAL COMMENTS

Is there anything else that you want policymakers/decisionmakers to know about your experience with how AIP has been handled in recent months?

If you agree to any of the statements below, please fill in your name, initial the statement(s) that you agree to, sign and date.

I, _____ authorize the Oregon Justice Resource Center:
(Full Name)

Initial:

_____ to publicly use my statements in this questionnaire *and* my full name in their advocacy efforts; and/or

_____ to follow up with me by phone or through the mail about my statements in this questionnaire.

Signature: _____ Date: _____

Mail the completed questionnaire to address below **and mark the envelope “LEGAL MAIL”**:

Julia Yoshimoto, Attorney
Oregon Justice Resource Center
PO Box 5248
Portland, OR 97208

Additional space for answers to *AIP Questionnaire*:

CONFIDENTIAL

CONFIDENTIAL