

NOTICE OF EXCLUSION FROM OREGON HEALTH & SCIENCE UNIVERSITY

CAD# 09-00232 CASE#: 2009-000271 DATE: 4-22-09

NAME: Hemstreet Leslie
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PPDS: _____ Gender: _____ Race: _____ DOB: _____ HT: _____ WT: _____ Hair: _____ Eyes: _____

ID/LICENSE#: _____ STATE: _____ SSN: _____

Location of Incident: Sam Jackson Hall Cafe

EXCLUSION

On the 22nd day of April, 2009, at approximately 1240 am/pm, you engaged in conduct disruptive to the operations of OHSU and/or its staff, patients, visitors, students, or others associated with it.

Type of disruptive conduct (check all that apply):

- Suspected criminal activity: _____
- Violation of OHSU policy or rules: _____
- Failure to follow University staff instructions: Refused to leave when instructed
- Violation of behavior contract of other behavioral agreement with the University: _____
- Other: _____

Starting today, you are excluded from remaining upon or entering in or upon any facility, dwelling, or property owned, controlled, or operated by OHSU. This exclusion includes all University campuses and off-campus locations.

EXCEPTION: you may enter OHSU for the purpose of receiving emergency medical care only.

TYPE OF EXCLUSION:

- Situational: you are excluded for _____ hours/days (no more than 72 hours, photo optional)
- Temporary: you are excluded for _____ days (no more than 30, photo required)
- Fixed Length: you are excluded for _____ days/weeks/months (no more than 1 year*, photo req.)
- Permanent: you are excluded indefinitely* (photo required)
- Limited Scope: you are excluded for the length of time listed above with the following conditions:
 - You are excluded from all the areas except the following: _____
 - You are excluded at all times except the following: _____
 - Other: _____

CRIMINAL TRESPASS

- Criminal Trespass arrest/citation (check if applicable)*

WARNING: If you enter or remain in or upon OHSU facilities or property, you may be subject to arrest.

APPEAL: You may appeal this exclusion in writing to the Director of Public Safety at 3310 SW US Veterans Hospital Road, Portland, Oregon 97239. Your appeal must be in writing and filed within seven calendar days of receipt of this exclusion notice, and the appeal must be accompanied by a copy of this notice.

Ben Schneider
(Issuing Officer)

46650
(DPSST#)

4/22/09
(Date)

1250
(Time)

[Signature]
(Approving Supervisor - printed full name - if applicable)

4956
(DPSST#)

4-22-09
(Date)

1255
(Time)