**IN THE CIRCUIT COURT FOR THE STATE OF OREGON**
**FOR THE COUNTY OF CLACKAMAS**

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|---|---|
| _____<br>_____<br>Plaintiff (Tenant),<br>v.<br>_____<br>_____<br>Defendant (Landlord). | **COMPLAINT**<br>**FOR RETURN OF POSSESSION OF A DWELLING UNIT IN A GROUP RECOVERY HOME**<br><br>**CASE NO. _____** |

I. Defendant is a group recovery home subject to ORS 90.440. Defendant removed plaintiff from the group recovery home dwelling unit rented by plaintiff from defendant at:

_____
STREET ADDRESS

_____
CITY STATE ZIP

( )
_____
TELEPHONE

_____
DEFENDANT'S MAILING ADDRESS (if different)

II. Notice of removal from the dwelling unit was served on plaintiff under ORS 90.440. The notice of removal was served on:

_____(date).

III. Plaintiff is entitled to possession of the dwelling unit because:

- ❑ Defendant removed plaintiff wrongfully by failing to comply with the procedural requirements of ORS 90.440.
- ❑ Defendant removed plaintiff wrongfully because plaintiff did not use or possess alcohol or illegal drugs within seven days preceding delivery of a written notice of removal.
- ❑ Defendant removed plaintiff under ORS 90.440 in bad faith.

Wherefore, plaintiff prays for possession of the group recovery home dwelling unit and costs and disbursements and attorney fees, if applicable, or a prevailing party fee.

**I CERTIFY that the allegations and factual assertions in this complaint are true to the best of my knowledge.**

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|---|---|
| _____<br>Date | _____<br>Signature of Plaintiff (Tenant) OSB# |
| _____<br>Address of Plaintiff (Tenant) | _____<br>Printed / Typed Name of Plaintiff (Tenant) |
| _____<br>City State ZIP | _____<br>Telephone |

**I HEREBY CERTIFY that the above is a true copy of the original Complaint in the entitled action.**

Date: _____ By:_____

TRIAL COURT ADMINISTRATOR / CLERK / NOTARY