

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

Petitioner (name of person to be protected))
(date of birth))

by and through his/her Guardian Petitioner:)

(name of Guardian Petitioner))

v.)

Respondent (person to be restrained))
(date of birth))

**RESTRAINING ORDER
TO PREVENT ABUSE**

(Elderly Persons and Persons With Disabilities
Abuse Prevention Act)

Case No. _____

NOTICE TO THE RESPONDENT:

- You must obey all of the provisions of this Restraining Order, even if the Petitioner contacts you or gives you permission to contact him/ her.
- Violation of this Restraining Order may result in your arrest and in civil and/or criminal penalties. This order is enforceable throughout Oregon and in every other state. Review this order carefully.
- **See the attached “NOTICE TO RESPONDENT/REQUEST FOR HEARING” for more information about your rights to a hearing.**

The court, having reviewed the petition, makes the following findings:

JUDGE’S INITIALS

- A. The Protected Person is Petitioner _____ (name of person to be protected) and has been abused by the Respondent as defined by ORS 124.005; **A.** _____
- B. The abuse of the Protected Person by the Respondent occurred within the last 180 days as provided in ORS 124.010; **B.** _____
- C. The Protected Person is in immediate danger of further abuse. **C.** _____

IT IS HEREBY ORDERED that:

Petitioner’s/Guardian Petitioner’s Request

1. Respondent is restrained (prohibited) from abusing, intimidating, molesting, interfering with, or menacing the Protected Person, or attempting to abuse, intimidate, molest, interfere with or menace the Protected Person. **1.** _____

- 2. Respondent is restrained (prohibited) from entering or attempting to enter or be within _____ feet of the following locations: 2. _____
(Include names and address unless withheld for safety reasons.)
 - The Protected Person's residence, _____
 - The Protected Person's business or place of employment, _____
 - The Protected Person's school, _____
 - Other locations: _____

- 3. Respondent is restrained (prohibited) from: 3. _____
 - Contacting, or attempting to contact the Protected Person by telephone.
 - Contacting, or attempting to contact the Protected Person by mail.
 - Coming, or staying within 150 feet or _____ feet of the Protected Person.

Nothing in this restraining order prevents Respondent from appearing at or participating in a court (or administrative) hearing or other related legal process as a party or witness in a case involving the Petitioner. At these times, Respondent must stay at least _____ feet away from the Petitioner and follow any additional protective terms ordered in that case. Further, nothing in this order prevents Respondent from serving or providing documents related to a court (or administrative) case to the Petitioner in a manner permitted by law. However, Respondent may not personally deliver legally-related documents to the Petitioner.

- 4. Respondent shall move from and not return to the residence located at: 4. _____
 _____ except with a peace officer in order to remove essential personal effects of the Respondent, including, but not limited to: clothing, toiletries, medications, social security cards, birth certificates, identification, and tools of the trade.

- 5. A peace officer shall accompany the Protected Person, or his/her Guardian Petitioner to the parties' residence in order to remove essential personal effects including, but not limited to: clothing, toiletries, medications, social security cards, birth certificates, identification, and tools of the trade. 5. _____

- 6. The Protected Person has been a victim of abuse involving the wrongful taking or appropriation of money or property. To prevent or remedy the wrongful taking or appropriation the following order(s) is/are made: 6. _____
 - a. The Respondent shall refrain from exercising control over the money or property of the elderly or disabled person. (Optional) The money or property that the Respondent is prohibited from exercising control over is as follows: 6a. _____

b. The Respondent is required to return custody or control of the money or property of the elderly/disabled person to the elderly/disabled person. **6b.** _____

(Optional) The money or property to be returned is as follows: _____

c. The Respondent is required to follow the instructions of the guardian or conservator of the elderly or disabled person. **6c.** _____

d. The Respondent is prohibited from transferring the money or property of the elderly or disabled person to any person other than the elderly or disabled person. **6d.** _____

e. Other (optional/See NOTE below): _____ **6e.** _____

NOTE:

“Other” relief under Paragraph 6 to prevent or remedy the wrongful taking or appropriation of money or property CANNOT allow any person other than the elderly or disabled person to assume responsibility for managing the elderly or disabled person’s money or property, and relief cannot be granted that is more appropriately obtained in a protective proceeding filed under ORS chapter 125. [ORS 124.020(2)(a)]

Judge’s Initials

7. Respondent shall not **purchase or possess any firearms or ammunition.** **7.** _____

[OJIN Event Code: FQOR]

Other orders regarding firearms (for court use only): _____

8. **Firearms Dispossession:** The court finds there is a nexus between Respondent’s possession of a firearm/s and the factual basis for the issuance of the Restraining Order. The Court further finds that the respondent possesses a firearm/s. Respondent is ordered to surrender ALL firearm/s in Respondent’s possession or control to law enforcement in Clackamas County when served with this Restraining Order, and follow the INSTRUCTIONS TO TURN IN FIREARMS. The specific firearm/s known to Petitioner, as well as its/their location/s are described as follows: **8.** _____

Description of Firearm

Location of Firearm

_____	_____
_____	_____
_____	_____
_____	_____

9. Other relief: _____ **9.** _____

10. No further service is necessary because Respondent appeared in person before the court. **10.** _____

IT IS FURTHER ORDERED that the SECURITY AMOUNT for violation of any provision of this Order is **\$5,000** unless otherwise specified here: Other Amount: \$_____.

The above provisions of this Restraining Order to Prevent Abuse of Elderly Person or Person with Disabilities are in effect for a period of one (1) year from the date of the judge's signature (unless renewed before it expires) or until the Order is vacated, modified, or superseded, whichever occurs first.

IT IS HEREBY ORDERED that:

The Petition for Restraining Order to Prevent Abuse of Elderly Person or Person with Disabilities is:

- Granted.**
- Denied** because: _____

DATED this _____ day of _____, 20_____.

Judge Signature:

Certificate of Document Preparation and Readiness for Judicial Signature. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to _____ for assistance in preparing this form.

This proposed order is ready for judicial signature under UTCR 5.100 because this order is submitted ex parte as allowed by statute or rule.

Dated: _____ Submitted by (signature): _____

Print Name, Petitioner Attorney for Petitioner OSB No. (if applicable)

Address or Contact Address	City, State, Zip	Telephone or Contact Telephone Number
Use a Safe Contact address		Use a Safe Contact number

RELEVANT DATA

Protected Person: _____ Female Male
Name

Residence/Contact Address (Use a **safe** address):

Number, Street and Apt. Number (*if applicable*)

City County State Zip

Telephone/Contact Telephone Number _____ (Use **safe** contact number)

Birthdate (**See CIF**) Age _____ Race/Ethnicity _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

*****The Respondent will receive a copy of this information.** If you wish to have your residential address or telephone number withheld from Respondent, use a contact address in the state where you reside or a contact telephone number so the Court and the Sheriff can reach you if necessary. Please check for mail at this address frequently.

RESPONDENT: _____ Female Male
Name

Residence Address _____

Telephone Number _____

Birthdate (**See CIF**) Age _____ Race/Ethnicity _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

**PLEASE FILL OUT THIS INFORMATION
TO AID IN SERVICE OF THE RESTRAINING ORDER**

Where is Other Party most likely to be located?

Residence Hours _____ Address _____

Employment Hours _____ Address (**List separately in CIF**) _____

Other Hours _____ Address _____

Description of Vehicle _____

Is there anything about the other party's character, past behavior, or the present situation that indicates that he or she may be a **danger** to others? to him/herself? **EXPLAIN:** _____

Does the other party have any **weapons, or access to weapons**? **EXPLAIN:** _____

Has the other party ever been arrested for or convicted of a **violent crime**? **EXPLAIN:** _____