

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

**NOTICE OF FILING OF:**  
 **CONFIDENTIAL INFORMATION FORM (CIF)**  
 **AMENDED CIF**

(Elderly Persons & Persons with Disabilities Abuse  
Prevention Act)

Case No. \_\_\_\_\_

**NOTICE: Confidential Information Form Has Been Filed**

- Uniform Trial Court Rule (UTCR) 2.130 requires that parties to Elderly Persons & Persons with Disabilities Abuse Prevention Act (EPPDAPA) cases place certain information about themselves and other parties in a CIF when such information is required in a document filed with the court.
- The CIF is not available for public inspection except as authorized by law.
- Parties are allowed to see a CIF that contains information about them.
- A party who wants to see a CIF that contains information about another party must ask for permission from the court or the other party by following the procedures set out in UTCR 2.130.

**I am the (check one box):**  
 Petitioner  Respondent  Guardian Petitioner \_\_\_\_\_

**I filed Confidential Information Forms with the court about the following parties to this case** *(complete a section for each party for whom you have filled out a CIF):*

1) Name (Last, First, Middle): \_\_\_\_\_  
 Petitioner  Respondent

Confidential Personal Information contained in CIF (check all that apply):

- party's date of birth
- employer's name, address, and telephone number

2) Name (Last, First, Middle): \_\_\_\_\_  
 Petitioner  Respondent

Confidential Personal Information contained in CIF (check all that apply):

- party's date of birth
- employer's name, address, and telephone number

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

---

Signature

Print Name

---

Contact Address

City, State, Zip

Contact Telephon