

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

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

by and through his/her Guardian Petitioner:)

(name of Guardian Petitioner))

v.)

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

**PETITIONER'S/ GUARDIAN PETITIONER'S
MOTION AND AFFIDAVIT IN SUPPORT
OF DISMISSAL**
(Elderly Persons and Persons With Disabilities
Abuse Prevention Act)

Case No. _____

MOTION AND AFFIDAVIT

Comes the Petitioner Guardian Petitioner, _____, and
moves court for an order allowing the voluntary withdrawal and dismissal of the Restraining Order to Prevent
Abuse of Elderly Person or Person with Disabilities on file herein based on the following: _____

Signature of Petitioner

Print or type name of Petitioner

STATE OF OREGON)
)
County of _____)

This instrument was acknowledged before me this _____ day of _____, 20__ by

(Print Name of Petitioner)

NOTARY PUBLIC FOR OREGON/COURT CLERK

My commission expires: _____

Certificate of Document Preparation 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.

Petitioner's/Guardian Petitioner's Signature

Print Name

Address

Use **safe** contact address

City,

State, Zip

Telephone/Contact Telephone

Use **safe** contact number