

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

\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_ ) )  
           Petitioner ) )  
          and ) )  
\_\_\_\_\_ ) )  
           Respondent ) )

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

**CONFIDENTIAL INFORMATION FORM (CIF) FOR  
PERSON RESTRAINED (RESPONDENT) IN A  
Elderly Persons & Persons With Disabilities Abuse  
Prevention Act (EPPDAPA) CASE**  
 Amended CIF

**This document is not accessible to the public  
or other parties. Exceptions may apply. See  
UTCRC 2.130.**

**ATTENTION COURT STAFF: THIS IS A RESTRICTED-ACCESS  
DOCUMENT.**

The information below is about:  Respondent

Respondent's Name (Last, First, Middle): \_\_\_\_\_

The names of the parties and the children, as well as the children's ages, are NOT confidential.

Respondent's Date of Birth:
Employer's Name, Address, and Telephone Number:

**I hereby declare that the above statements are true to the best of my knowledge and belief and that I understand they are made for use as evidence in court and are subject to penalty for perjury.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

**COMPLETED AND SUBMITTED BY:**

**Petitioner**

**NOTE TO COURT STAFF: Unless ordered or authorized under UTCRC 2.130, this Confidential Information Form is not available to the opposing party or his/her attorney, or to the public; except for the state and law enforcement.**