

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) )  
)

**NOTICE TO ELDERLY PERSON OR  
PERSON WITH DISABILITIES/OBJECTIONS  
AND REQUEST FOR HEARING**  
(Elderly Persons and Persons With Disabilities  
Abuse Prevention Act-Renewal)

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

THIS FORM MUST BE ATTACHED TO SERVICE COPY OF PETITION AND RESTRAINING ORDER.

**NOTICE TO** \_\_\_\_\_ (Name of Protected Person on  
whose behalf the "Guardian Petitioner" is petitioning):

A restraining order has been renewed by the court at the request of (name of guardian petitioner)  
\_\_\_\_\_ against (name of Respondent) \_\_\_\_\_. This  
order is effective immediately and continues to restrain the respondent from the actions specified in the order.  
If you object to the continuation of this order or wish to request a hearing, you must complete this form and  
mail or deliver it to (address of court): \_\_\_\_\_

**NOTICE OF RETAINED RIGHTS**

Although this order was issued at the request of your guardian or guardian ad litem, you retain certain rights including the right to:

1. Contact and retain counsel (lawyer, attorney, legal representative)
2. Have access to your personal records
3. File objections to the restraining order
4. Request a hearing
5. Present evidence and cross-examine witnesses at any hearing (or have your lawyer, attorney or legal representative do so)

**NOTICE TO ELDERLY PERSON OR PERSON WITH DISABILITIES & REQUEST FOR HEARING**

**OBJECTIONS and REQUEST FOR HEARING**

If you have objections to the renewal of the restraining order, you may inform the court of them by filling out the information below and mailing it to the court at the address above. You may also request a hearing. Requests for hearing must be made within 30 days after you receive the order. You must include your address and telephone number with your request for a hearing. The hearing will be held within 21 days. At the hearing, a judge will decide whether the order should be canceled or changed. The only purpose of this hearing will be to determine if the terms of the court’s order should be canceled, changed, or extended. Keep in mind that this renewal remains in effect for one year, or until the court that issued the order changes or dismisses it. It may also be renewed upon good cause shown, regardless of whether there has been a further act of abuse.

**OBJECTIONS**

I, \_\_\_\_\_ (name), am the elderly person or person with disabilities who is the subject of the attached Restraining Order. I object to the Renewal of the Restraining Order for the following reasons (describe in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST FOR HEARING**

I request a hearing to contest all or part of the Order as follows (mark one or more):  
 The Order restraining Respondent from contacting or attempting to contact me.  
 Other (describe parts of the order you object to and want changed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I  will  will not be represented by an attorney at the hearing.

Notice of the time and place of the hearing can be mailed to me at the address below my signature.

*(If you completed this document without the assistance of an attorney, you are required to complete truthfully the certificate below.)* I certify that: *(check the blank that applies)*

- I selected this document for myself, and I completed it without paid assistance and without assistance from an attorney.
- I paid, or will pay, money to \_\_\_\_\_ for assistance in preparing this document.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
OSB No. *(if applicable)*

\_\_\_\_\_  
Address or Contact Address  
Use **safe** contact address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone or Contact Telephone Number  
Use **safe** contact number

**NOTICE TO ELDERLY PERSON OR PERSON WITH DISABILITIES & REQUEST FOR HEARING**