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

_____ Petitioner (Former Protected Child) (your full name) and _____ Respondent (full name of person to be restrained)	)))))))))))))))	Case No.: _____ **NOTICE OF FILING OF** **☐ CONFIDENTIAL INFORMATION FORM (CIF)** **☐ AMENDED CIF** **in a CASE RE: RENEWAL OF RESTRAINING ORDER RE: FORMER PROTECTED CHILD** _____ Full name of Original Petitioner (person who obtained original restraining order but is not a party to this renewal request)

NOTICE: Confidential Information Form (CIF) Has Been Filed

- Uniform Trial Court Rule (UTCR) 2.130 requires that parties to domestic relations 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 the other party must ask for permission from the other party or the court by following the procedures set out in UTCR 2.130. However, UTCR 2.130(10)(c) requires the court to deny such a motion in situations that include cases in which a restraining order or other protective order is in effect that protects the party or the party's children from the person requesting inspection of the CIF.

I am the (check one box)**:** ☐ **Petitioner** (Former Protected Child) ☐ **Respondent**

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) ☐ **Petitioner** (Former Protected Child):
Name (Last, First, Middle): _____
Confidential Personal Information contained in CIF (check all that apply):
☐ Petitioner's (Former Protected Child's) date of birth.

2) ☐ **Respondent**:
Name (Last, First, Middle): _____
Confidential Personal Information contained in CIF: Employer's name, address and phone number.

Dated this _____ day of _____, 20_____

_____
Signature Print Name

_____
Contact Address City, State, Zip Contact Telephone