

(List the third parties and any special terms re days, times, locations, purposes, etc.): _____

I want these changes because: _____

STATEMENT OF POINTS AND AUTHORITIES

On a showing of good cause, ORS 107.730(1)(b) authorizes the court to delete terms or order less restrictive terms regarding Respondent’s restraint from the Petitioner’s residence, entry onto other premises and into surrounding areas, and contact with the Petitioner when the Petitioner under the Family Abuse Prevention Act makes an ex parte request. ORS 107.718(1)(b), (g), and (i).

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: _____

ORDER

Motion Granted Motion Denied Other: _____

IT IS SO ORDERED this ____ day of _____, 20_____.

JUDGE (Signature)

Print, Type, or Stamp Name of Judge

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.

Submitted by:

Print Name, Petitioner Attorney for Petitioner OSB No. (*if applicable*)

Address or Contact Address City, State, Zip Telephone or Contact Telephone Number
Use a **Safe** Contact address Use a **Safe** Contact number

Notice to Respondent

- All terms of the Restraining Order previously ordered remain in effect, except as changed here. The changes are effective now.
- Violation of this Restraining Order may result in your arrest and in civil and/or criminal penalties. Review this order carefully.
- An attached Notice informs you that you may request a hearing if you DISAGREE with any of these less restrictive terms.

RELEVANT DATA

PETITIONER: _____ Female Male
Name

Residence/Contact Address (Use a **safe** address):

Number, Street and Apt. Number (if applicable)

City County State Zip

Telephone/Contact Telephone Number _____ (Use **safe** contact number)

Birth Date (Do not list. See CIF) _____ Age _____ Race/Ethnicity _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

***The Respondent will receive a copy of this information. If you wish to have your residential address or telephone number withheld from Respondent, use a contact address in the state where you reside or a contact telephone number so the Court and the Sheriff can reach you if necessary. Please check for mail at this address frequently.

RESPONDENT: _____ Female Male
Name

Residence Address _____

Telephone Number _____

Birth Date (Do not list. See CIF) _____ Age _____ Race/Ethnicity _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

**PLEASE FILL OUT THIS INFORMATION
TO AID IN SERVICE OF THE RESTRAINING ORDER**

Where is Other Party most likely to be located?

Residence Hours _____ Address _____

Employment Hours _____ Address (Do not list. See CIF) _____

Other Hours _____ Address _____

Description of Vehicle _____

Is there anything about the other party's character, past behavior, or the present situation that indicates that he or she may be a **danger** to others? to him/herself? EXPLAIN: _____

Does the other party have any **weapons, or access to weapons**? EXPLAIN: _____

Has the other party ever been arrested for or convicted of a **violent crime**? EXPLAIN: _____