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

_____	See CIF	)	Case No. _____
Petitioner (your full name)	(date of birth)	)	
		)	**NOTICE TO RESPONDENT/**
v.		)	**REQUEST FOR HEARING**
		)	for LESS RESTRICTVE ORDER
		)	
_____	See CIF	)	(Family Abuse Prevention Act)
Respondent	(date of birth)	)	
(full name of person restrained)		)	

THIS FORM MUST BE ATTACHED TO ALL COPIES OF THE RESTRAINING ORDER

TO RESPONDENT: A RESTRAINING ORDER HAS BEEN ISSUED THAT *CHANGES* THE TERMS OF THE RESTRAINING ORDER ALREADY IN EFFECT. THE CHANGES ARE IN EFFECT NOW.

THESE CHANGES MAKE THE ORDER LESS RESTRICTIVE ON YOU.

If you disagree with the changes that have made in the order, you may request a hearing. You must file this request within 30 days after you receive this order. NOTE that:

- Only the Petitioner's request(s) to change the restrictions will be considered at this hearing.
- You cannot ask at this hearing that the entire restraining order be ended.

You must complete the attached "REQUEST FOR HEARING" form (Page 2) and mail or deliver it to this address:

CLACKAMAS COUNTY COURT
807 Main St, Room 200
Oregon City, OR 97045

FIREARMS PROHIBITIONS MAY APPLY TO YOU!

As a result of this Order, or any Order continuing or changing this Order, it may be unlawful for you to possess or purchase a firearm, including, a rifle, pistol, or revolver, or ammunition pursuant to federal law under 18 U.S.C. § 922(g), as well as state and local law. If you have any questions whether these laws make it illegal for you to possess or purchase a firearm, you should consult an attorney.

You may also be subject to further restrictions and prohibited from:

- Traveling across state lines or tribal land lines with the intent to violate this Order and then violating this Order.
- Causing the Petitioner to cross state lines or tribal land lines for the purpose of violating the order.
- Possessing, receiving, shipping or transporting any firearm or firearm ammunition.

Other Laws May Also Apply To You

Whether or not a Restraining Order is in effect, federal law may prohibit you from:

- Traveling across state lines or tribal land lines with the intent to injure the Petitioner and then intentionally committing a crime of violence causing bodily injury to the Petitioner.
- Causing the Petitioner to travel across state lines or tribal land lines if your intent is to cause bodily injury to the Petitioner or if the travel results in your causing bodily injury to the Petitioner.

REQUEST FOR HEARING
(To Be Completed By Respondent Only)

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

_____	See CIF	) Case No. _____
Petitioner	(date of birth)	)
(full name of person who asked for restraining order)		)
		) **REQUEST FOR HEARING**
v.		) **On LESS RESTRICTIVE ORDER**
		)
_____	See CIF	) (Family Abuse Prevention Act)
Respondent	(date of birth)	)
(full name of person restrained)		)

I am the Respondent in this case. **I disagree with how the restraining order has been made less restrictive.** I want a hearing and I will be objecting to: *(check all that apply)*

____ The order allowing me to move back to the home
_____ The order allowing me to go to certain locations that I was prohibited from going to before
_____ The order allowing me to have contact with the Petitioner that was prohibited before

★ I understand that:

- Only the Petitioner's request(s) to change the restrictions will be considered at this hearing.
- The Judge does not have the authority at this hearing to terminate (end) the order at my request

I ☐ will ☐ will not be represented by an attorney at the hearing. The name and Bar Number of the attorney (if known) are: _____

☐ I will need _____ language interpretation services at the hearing.

☐ I will need Americans with Disabilities Act accommodations at the hearing.

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

_____ _____
Respondent's Signature Date

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 below:

☐ 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, ☐ Respondent ☐ Attorney for Respondent ☐ OSB No. (*if applicable)*

_____
Address or Contact Address City, State, Zip Telephone or Contact Telephone Number