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

_____	See CIF	)	Case No. _____
Petitioner (your full name)	(date of birth)	)	
		)	
		)	**ORDER FOR**
v.		)	**LESS RESTRICTIVE TERMS**
		)	(Family Abuse Prevention Act)
		)	
_____	See CIF	)	*EX PARTE*
Respondent	(date of birth)	)	
(full name of person restrained)		)	

ORDER

Based on Petitioner's Motion and Declaration, it is HEREBY ORDERED:

☐ 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 and Readiness for Judicial Signature. 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.

This proposed order is ready for judicial signature under UTCR 5.100 because this order is submitted ex parte as allowed by statute or rule.

Dated: _____ Submitted by (signature): _____

_____
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

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)_____

Date of Birth ____(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 _____

Date of Birth ____(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 _____(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:

_____

_____

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.