

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

_____))
Petitioner (your full name) (See CIF)) Case No. _____
(date of birth))
))
v.))
))
))
_____))
Respondent (See CIF))
(full name of person restrained) (date of birth))
))

**PETITION FOR RESTRAINING ORDER
TO PREVENT ABUSE**
(Family Abuse Prevention Act)
ORS 107.700 – 107.735

NOTICE TO PETITIONER

You must provide complete and truthful information. If you do not, the court may dismiss any restraining order and may also hold you in contempt.

Contact Address and Telephone Number: If you wish to have your residential address or telephone number withheld from Respondent, use a contact address and telephone number so the court and the sheriff can reach you if necessary.

NOTICE TO PETITIONER

You must keep certain information (“confidential personal information”) out of any papers you file or submit to the court and, instead, provide that information in a Confidential Information Form (CIF). On this document, where that confidential personal information would otherwise appear, you must provide that in a Confidential Information Form (CIF) under UTCR 2.130 (see instructions).

I am the Petitioner and I state that the following information is true:

I am a resident of _____ County, Oregon. I am _____ years old.
Respondent is a resident of _____ County, State of _____.
Respondent is _____ years old.

- At the hearing, I will need an interpreter in the _____ language.
 At the hearing, I will need American’s with Disabilities Act accommodations.

1. CHECK and FILL OUT ALL THAT APPLY:

- A. Respondent is my spouse/domestic partner former spouse/domestic partner. We were married/registered on _____ (date). Our marriage/partnership was dissolved on _____ (date).
- B. Respondent and I are adults related by blood, marriage, or adoption. Respondent is my _____ (type of relationship).
- C. Respondent and I have been cohabiting (living together in a sexually intimate relationship) since _____ (date), or cohabited from _____ (date) to _____ (date).
- D. Respondent and I have been involved in a sexually intimate relationship within the last two years.
- E. Respondent and I are the unmarried parents of a child.
- F. I am a minor and have been involved in a sexually intimate relationship with Respondent, who is 18 years of age or older.

2. **WITHIN THE LAST 180 DAYS**, RESPONDENT HAS** (check all that apply):

- A. Caused me bodily injury.
- B. Attempted to cause me bodily injury.
- C. Placed me in fear of imminent bodily injury.
- D. Caused me to engage in involuntary sexual relations by force or threat of force

****THE 180 DAY PERIOD CAN BE INCREASED BY THE AMOUNT OF TIME RESPONDENT WAS IN JAIL, IN PRISON, OR LIVED MORE THAN 100 MILES FROM YOUR HOME:**

- The Respondent was incarcerated from _____ to _____.
- The Respondent lived more than 100 miles from my home from _____ to _____ (date).

3. **DESCRIBE THE INCIDENT(S) OF ABUSE THAT HAPPENED IN THE LAST 180 DAYS:**
Describe how Respondent hurt or threatened to hurt you, starting with the most recent incident:

Date: _____, County/State: _____: _____

Date: _____, County/State: _____: _____

Date: _____, County/State: _____: _____

Additional pages attached labeled “*Paragraph 3: Description of Abuse*”

4. Are there incidents other than those described above in which the Respondent has hurt or threatened to hurt you **before the 180 day period above**? If yes, explain:

Describe how Respondent hurt or threatened to hurt you, starting with the most recent incident:

Date: _____, County/State: _____: _____

Date: _____, County/State: _____: _____

Date: _____, County/State: _____: _____

Additional pages attached labeled “*Paragraph 4: Additional Abuse*”

5. I am in imminent danger of further abuse by Respondent and the Respondent is a threat to my physical safety or the physical safety of my child/ren because: _____

6. **IN ANY OF THE ABOVE INCIDENTS OR OTHER INCIDENTS OF ABUSE:**

A. Were you injured? Yes No Describe: _____

B. Did you seek medical treatment? Yes No Describe: _____

C. Were weapons involved? Yes No Describe: _____

D. Were drugs or alcohol involved? Yes No Describe: _____

E. Were the police called? Yes No Who was arrested? _____

7. The Respondent has access to firearms now, or I am concerned about his/her getting firearms.
 I want the Respondent ordered not to possess or purchase firearms or ammunition because (*explain how your and/or your children’s safety and welfare are affected by Respondent’s possession of firearms*):

8. There is another **restraining order** and/or **stalking order** between Respondent and me:
 _____ County, State of _____, Case # _____
9. There is another **court case** between Respondent and me for divorce/dissolution, annulment, legal separation, or paternity in: _____ County, State of _____, Case # _____.
10. I need an order requiring Respondent to **move from my residence**. (*Check all that apply.*)
 The residence is *solely in my name*, or *jointly owned*, or *jointly leased* by me and Respondent, or *jointly rented* by me and Respondent, or Respondent is my spouse/registered domestic partner.
11. I request that Respondent pay me **emergency monetary assistance** (one time payment) to help me and/or my child/ren in the amount of \$_____ for (*describe why needed*): _____

JOINT CHILD/REN

12. THE CHILD/REN OF RESPONDENT AND ME WHO ARE UNDER THE AGE OF 18:

Name	Age	Date of Birth	Gender/Sex
		SEE CIF	

Additional pages attached labeled “*Paragraph 12: Joint Child/ren*”

13. The child/ren are now living with _____
 at _____ (address or use a safe contact address). For how long? _____

14. Where have the child/ren listed in Paragraph 12 above lived for the last five years and with whom (starting with the most recent location)?

Child’s Name	Lived With	From (date)	To (date)	County & State

Additional pages attached labeled “*Paragraph 14: Child/ren-Past 5 Years*”

15. My child/ren have lived in Oregon for the last 6 months.
 My child/ren have NOT lived in Oregon for the last 6 months BUT my child/ren and I are now living in Oregon and I want the Court to award me custody because of an EMERGENCY. Describe the emergency:

16. If you and Respondent are unmarried, has legal paternity of your child/ren been established? Yes No
If yes, in what way? Birth Certificate Child Support Proceeding Voluntary Acknowledgment
 Paternity Lawsuit Other: _____

17. Is there another court order (other than child support) now in effect concerning any of the child/ren listed above? Yes No If yes: Date of Order: _____ Case #: _____
Filed in _____ County, State of _____

18. A. I have not participated as a party, witness or in any other capacity in any other proceeding concerning the custody, parenting time or visitation of the child/ren listed EXCEPT: _____

B. I know of no other proceeding that could affect this case (including any other legal case for custody/parenting time enforcement or relating to domestic violence, protective orders, termination of parental rights and adoptions) in this or any other state EXCEPT: _____

C. I know of no one, other than Respondent, who has physical custody of the child/ren or who claims custody, parenting time or visitation rights with the child/ren EXCEPT: _____

19. I believe that I will need the assistance of a peace officer to regain custody of my child/ren from the Respondent. The address(es) where the child/ren can most likely be found are listed on the proposed Order. I believe the child/ren are most likely to be found there because: _____

20. The Department of Human Services (Child Welfare) is involved with my child/ren.
Explain: _____

NOTICE TO PETITIONER

You must notify the court of any change of address/contact address or telephone number/contact telephone number. All notices of hearing will be sent to this address and the court may dismiss the restraining order if you do not appear at a hearing.

If you wish to have your residential address or telephone number withheld from Respondent, use a "contact address" and "contact telephone number" so the Court and the Sheriff can reach you if necessary.

I ASK THE COURT TO ORDER MY REQUESTS AS MARKED ON THE RESTRAINING ORDER.

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and subject to penalty for perjury.

Signature of Petitioner

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

Use **Safe** Contact Address

City, State, Zip

Telephone or Contact Telephone Number

Use **Safe** Contact Number