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

_____	See CIF	) Case No. _____
Petitioner (your name)	(date of birth)	)
		) **PETITION TO RENEW RESTRAINING ORDER**
v.		) (Family Abuse Prevention Act)
_____	See CIF	)
Respondent	(date of birth)	)
(full name of person to be restrained)		)

NOTICE TO PETITIONER

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

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 note that the information has been separately provided under UTCR 2.130.

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

1. I reasonably fear further acts of abuse by the Respondent if the Restraining Order is not renewed because: *(state why you are afraid Respondent will abuse you if the Restraining Order is not renewed. IMPORTANT: you do not need to show there have been new or other acts of abuse since the original Restraining Order.)*

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I hereby ask the court to issue an Order renewing the Restraining Order in this matter that was originally signed on _____, 20____ (date of *original* order) for a period of one year, and continuing the security amount set forth in the original restraining order or in such other amount as the court deems appropriate.

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.

Dated this ____ day of _____, 20___.

_____
Signature of Petitioner

_____
Print or Type Name 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 — City, State, Zip — Telephone or Contact Telephone Number
Use a **Safe** Contact address — Use a **Safe** Contact number