

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

\_\_\_\_\_  
Petitioner

Case No: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian of Minor Petitioner)  
(use full names)

**NOTICE TO RESPONDENT/  
REQUEST FOR HEARING  
FOR LESS RESTRICTIVE ORDER**

v.

(Sexual Abuse Protective Order)

\_\_\_\_\_  
Respondent  
(full name of person restrained)

**THIS FORM MUST BE ATTACHED TO ALL COPIES OF THE SEXUAL ABUSE PROTECTIVE ORDER**

**TO RESPONDENT: A SEXUAL ABUSE PROTECTIVE ORDER HAS BEEN ISSUED THAT CHANGES THE TERMS OF THE SEXUAL ABUSE PROTECTIVE 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 Sexual Abuse Protective Order be ended.

You must complete the attached "REQUEST FOR HEARING" form (on Pages 3 and 4) and mail or deliver it to this address:

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

**FIREARMS PROHIBITIONS MAY APPLY TO YOU**

If the firearms prohibition in Paragraph 7A of the *Protective Order* is initialed by the judge, it is unlawful for you to possess or purchase a FIREARM, including a rifle, pistol, or revolver, and AMMUNITION. (ORS 163.765(1)(b)(E)).

**FIREARMS NOTIFICATION:** 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 under federal, state, and local laws. 18 U.S.C. § 922(g)(8); ORS 166.250 to 166.270; and local law. This Order also may negatively affect your ability to serve in the Armed Forces of the United States or to be employed in law enforcement. If you have any questions about whether these laws make it illegal for you to possess or purchase a firearm, talk to a lawyer. (42 USC §3796gg(4)(e) requires this notice).

You may also be 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 *Sexual Abuse Protective 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 you 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

\_\_\_\_\_ Petitioner

**Case No:** \_\_\_\_\_

\_\_\_\_\_ (Parent/Guardian of Minor Petitioner)  
*(use full names)*

**REQUEST FOR HEARING  
ON LESS RESTRICTIVE ORDER**

*(Sexual Abuse Protective Order)*

v.

\_\_\_\_\_ Respondent  
*(full name of person restrained)*

I am the Respondent in this case. **I disagree with how the Order has been made less restrictive.**

**1. I want a hearing and I will be objecting to:** *(check all that apply)*

- 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.
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. 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.

**3. I  will  will not be represented by an attorney at the hearing.** The name and bar number of the attorney (if known) are: \_\_\_\_\_  
\_\_\_\_\_

**4. I  will  will not need the following accommodations:**

- 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.**

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**Certificate of Document Preparation.** Check all that apply:

- I chose this form for myself and completed it without paid help.
- A legal help organization helped me choose or complete this form, but I did not pay money to anyone.
- I paid (or will pay) \_\_\_\_\_ for help choosing, completing, or reviewing this form.

**Submitted by:**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

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

\_\_\_\_\_

Contact Address  
Use a **Safe** Contact address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Contact Telephone Number  
Use a **Safe** Contact number