

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

Petitioner	Case No: _____
(Parent/Guardian of Minor Petitioner) (use full names)	PETITION FOR SEXUAL ABUSE PROTECTIVE ORDER
v.	ORS163.760 to 163.777
Respondent (full name of person restrained)	

NOTICE TO PETITIONER

You must provide complete and truthful information. If you do not, the court may dismiss the protective 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. *NOTE: It is important for you to keep the court and sheriff's office advised of your most current contact information while an Order is in effect.*

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 Petition, where that confidential personal information would otherwise appear, you may provide that in a Confidential Information Form (under UTCR 2.130) (see instructions).

I am the Petitioner and I state that the following information is true (if parent or guardian of minor petitioner, use the minor's information):

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

Respondent is a resident of _____ County, State of _____.

At the hearing, I will need an interpreter in the _____ language.

At the hearing, I will need Americans with Disabilities Act accommodations.

1. AGE OF PARTIES (You must complete either paragraph 1A or paragraph 1B)

- 1A. **I AM AN ADULT.** Respondent is 18 years old or older. Respondent is _____ years old **or**
- 1B. **I AM A MINOR OR I AM FILLING THIS OUT ON BEHALF OF A MINOR (UNDER THE AGE OF 18).** Respondent is 18 years old or older. Respondent is _____ years old.
- 2. I AM AN ADULT AND RESPONDENT AND I ARE NOT FAMILY OR HOUSEHOLD MEMBERS.** This means:
- we are **not** husband, wife, or Registered Domestic Partners (*current or former*);
 - we are **not** adults related by blood, marriage, or adoption;
 - we have **never** cohabited (lived together in a sexually intimate relationship);
 - we have **not** been involved in a sexually intimate relationship in the last two years; and
 - we are **not** the unmarried parents of a child.
- 3. RESPONDENT IS NOT PROHIBITED FROM CONTACTING ME BY ANY OF THE FOLLOWING KINDS OF RESTRAINING, PROTECTIVE, OR NO CONTACT ORDERS:**
- a restraining order from another state, Indian tribe, or territory,
 - a stalking protective order,
 - an Elderly Persons and Persons With Disabilities Abuse Prevention Act restraining order,
 - a no contact order entered in a criminal case, or
 - a restraining order entered in a juvenile court dependency case.
- 4. WITHIN THE LAST 180 DAYS**,**
- 4A. Respondent has subjected me to sexual abuse including (*check all that apply*):
- Sexual contact without my consent
 - Sexual contact when I was not capable of consenting, **and**
- 4B. I reasonably fear for my physical safety.

****THE 180 DAY PERIOD CAN BE INCREASED BY THE AMOUNT OF TIME RESPONDENT WAS INCARCERATED (IN JAIL OR IN PRISON), LIVED MORE THAN 100 MILES FROM YOUR HOME, OR WAS SUBJECT TO A RESTRAINING, PROTECTIVE, OR NO CONTACT ORDER.**

- The Respondent was incarcerated (in jail or in prison) from (*dates*) _____ to _____
- The Respondent lived more than 100 miles from my home from (*dates*) _____ to _____
- The Respondent was subject to a restraining, protective, or no contact order from (*dates*) _____ to _____

5. DESCRIBE HOW THE RESPONDENT SEXUALLY ABUSED YOU IN THE LAST 180 DAYS (START WITH THE MOST RECENT ABUSE):

Date: _____, County/State: _____ : _____

Date: _____, County/State: _____ : _____

Additional pages attached labeled "*Paragraph 5: Description of Sexual Abuse*"

6. DID THE RESPONDENT SEXUALLY ABUSE YOU OR OTHERWISE CAUSE YOU TO REASONABLY FEAR FOR YOUR PHYSICAL SAFETY BEFORE THE 180 DAY PERIOD? IF YES, EXPLAIN?

Date: _____, County/State: _____ : _____

Date: _____, County/State: _____ : _____

Additional pages attached labeled "*Paragraph 6: Additional Abuse*"

7. I REASONABLY FEAR FOR MY PHYSICAL SAFETY BECAUSE (DESCRIBE OR EXPLAIN):

8. IN ANY OF THE ABOVE INCIDENTS:

8A. Were weapons involved? Yes No Describe: _____

8B. Were the police called? Yes No

8C. Was the Respondent arrested? Yes No

9. 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):

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

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.

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Submitted by:

_____ Date _____ Signature of Petitioner, Parent or Guardian of Minor Petitioner

_____ Print Name, Petitioner, Parent, or Guardian of Minor Attorney for Petitioner
 OSB No. (if applicable)

_____ Contact Address _____ City, State, Zip _____ Contact Telephone Number
 Use **Safe** Contact Address Use **Safe** Contact Number