

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

\_\_\_\_\_ ) Case No. \_\_\_\_\_  
 Petitioner )  
 Petitioner-Parent/Guardian of Minor Child )  
 \_\_\_\_\_ )  
(Name of Protected Minor Child) )  
(full names) )  
v. ) **PETITIONER'S MOTION AND**  
) **AFFIDAVIT FOR TERMINATION**  
) (Sexual Abuse Protective Order)  
\_\_\_\_\_ )  
Respondent )  
(full name of person to be restrained) )

**MOTION AND AFFIDAVIT**

Petitioner, \_\_\_\_\_, being first duly sworn, moves this court for an order allowing the voluntary withdrawal and termination of the Sexual Abuse Protective Order on file herein for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF POINTS AND AUTHORITIES**

ORS \_\_\_ authorizes the court to terminate a Sexual Abuse Protective Order upon the request of the Petitioner.

**Signature of Petitioner**

**Print or type name of Petitioner**

STATE OF OREGON )  
)  
County of \_\_\_\_\_ )

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_  
(Print Name of Petitioner)

\_\_\_\_\_  
NOTARY PUBLIC FOR OREGON/COURT CLERK  
My commission expires: \_\_\_\_\_

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**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:**

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Print Name,  Petitioner  Attorney for Petitioner

OSB No. (*if applicable*)

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Use a **Safe** Contact address

City, State, Zip

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