

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

\_\_\_\_\_  
Petitioner

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

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

**PETITION TO RENEW SEXUAL  
ABUSE PROTECTIVE ORDER**

v.

\_\_\_\_\_  
Respondent  
(full name of person 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). “Confidential Personal Information” includes social security number; date of birth; former legal names; driver license numbers; and employer’s name, address, and telephone number. It also applies to information regarding a party or a party’s child. On the pleading or document where that confidential personal information would otherwise appear, you must note that the information has been separately provided under **UTCRC 2.130**.**

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

1. I reasonably fear for my physical safety if the Sexual Abuse Protective Order is not renewed because: *(state why you are afraid if the Sexual Abuse Protective Order is not renewed. IMPORTANT: If there have been new acts of abuse, the judge will want to know about them. You do not need to show new acts of sexual abuse since the original Sexual Abuse Protective Order was issued.)*

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

Additional pages attached labeled “Paragraph 1: Reason for Renewal”

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

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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.

**I hereby declare that the above statement is true to the best of my knowledge and belief. I understand it is 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 Petitioner  Attorney for Petitioner  
 OSB No. *(if applicable)*

\_\_\_\_\_

Contact Address  
Use a **Safe** Contact address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

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