

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

Petitioner

Case No: _____

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

**CONFIDENTIAL INFORMATION
FORM (CIF) FOR PERSON
RESTRAINED (RESPONDENT)**

v.

Respondent
(full name of person restrained)

(Sexual Abuse Protective Order)

Amended CIF

**This document is not accessible to the public or other parties.
Exceptions may apply. See UTCR 2.130.**

ATTENTION COURT STAFF: THIS IS A RESTRICTED-ACCESS DOCUMENT.

The information below is about: Respondent

Respondent's Name (Last, First, Middle): _____

The names of the parties are NOT confidential.

Respondent's Date of Birth:

Employer's Name, Address, and Telephone Number:

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 and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Submitted by:

Date

Signature

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

NOTE TO COURT STAFF: Unless ordered or authorized under UTCR 2.130, this Confidential Information Form is not available to the opposing party or his/her attorney, or to the public; except for the state and law enforcement.