

# GETTING A SEXUAL ABUSE PROTECTIVE ORDER (SAPO)

## INSTRUCTIONS

**Procedures vary from court to court. Check with your local court for filing instructions.**

### WHAT IS A SEXUAL ABUSE PROTECTIVE ORDER (SAPO)?

A sexual abuse protective order (SAPO) is a court order that tells the person who hurt you (Respondent) to leave you, your children, and your family alone. It can order the Respondent not to enter a reasonable area around your residence. You can ask the judge to add other conditions (listed in the protective order) that you think will help keep you safe.

### WHO CAN HELP ME DECIDE WHETHER TO ASK FOR A SAPO?

You can call your local Victims' Assistance Program (VAP) or community-based (non-profit) sexual assault or domestic violence program to get help in deciding whether to ask the court for a SAPO and to do safety planning. Advocates can discuss information that may be important for you to consider in deciding whether to seek a SAPO. For information regarding sexual violence resources, please ask court staff for information about resources or visit the following websites:

Statewide listing of Sexual Violence Resources and Programs: <http://oregonsatf.org/help-for-survivors/>.

Statewide listing of Victims' Assistance Programs: <http://www.doj.state.or.us/victims/Pages/assistance.aspx>.

Statewide listing of Nonprofit Advocacy Programs: <http://www.ocadsv.com/looking-help>.

Also, if you have questions about how the law works or what it means, talking to a lawyer may be helpful. If you need help finding a lawyer, you may call the Oregon State Bar's Lawyer Referral Service at 503.684.3763 or 800.452.7636. If you believe you cannot afford a lawyer, ask court staff if your area has a legal services (legal aid) program that might help you. You also can go to: [www.oregonlawhelp.org](http://www.oregonlawhelp.org).

### WHAT ARE THE REQUIREMENTS FOR GETTING A SEXUAL ABUSE PROTECTIVE ORDER?

#### 1. Relationship

**If you are an Adult (18 or older):**

You and Respondent cannot be "family or household members" as defined by ORS 107.705. This means that the person who abused you is NOT:

- your husband, wife, or domestic partner,
- your former husband, wife, or domestic partner,
- an adult with whom you are living (or did live) in a sexual relationship,
- an adult with whom you have been in a sexual relationship in the last two years,
- an adult related to you by blood, marriage, or adoption, or
- the parent of your child.

(If you and Respondent are "family and household members," you may be eligible to apply for a Family Abuse Prevention Act (FAPA) Restraining Order. For more information ask the court clerk or visit:

<http://courts.oregon.gov/OJD/OSCA/cpsd/courtimprovement/familylaw/Pages/fapaforms.aspx>)

**If you are a  
Minor (under  
18) :**

You may ask for an order as long as the Respondent is 18 or older.

If you are under the age of 12, a parent or guardian must file the sexual abuse protective order for you. A *guardian ad litem*\* also can be appointed. You may file for a sexual abuse protective order on your own if you are at least 12 years of age.

\* A *guardian ad litem* is a person appointed by the court to make decisions only about the court case.

**2. Other Orders**

To be eligible for a sexual abuse protective order, Respondent must NOT already be prohibited from contacting you by:

- 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.

**3. Sexual Abuse**

The person who sexually abused or assaulted you must have:

- made you have sexual contact without your consent; or
- made you have sexual contact when you were not capable of consenting.

**4. Time Frame**

The abuse must have happened in the last 180 days. The 180 day period can be increased by the amount of time if Respondent:

- was in jail,
- lived more than 100 miles from your home, or
- was restrained from contacting you under another type of protective or “no contact” order.

**5. Ongoing Fear**

You are in reasonable fear for your physical safety.

**WHERE DO I FILE FOR A SEXUAL ABUSE PROTECTIVE ORDER AND HOW MUCH DOES IT COST?**

You must file for a sexual abuse protective order in the courthouse in the county where either you or the Respondent lives. Getting a sexual abuse protective order is free.

**HOW DO I FILL OUT THE PAPERS TO GET A SEXUAL ABUSE PROTECTIVE ORDER?**

Use a blue or black ballpoint pen and write clearly. Answer each question carefully and tell the truth. Do not write in the part of the papers that say “Judge’s Initials.” If available, a court facilitator or advocate may be able to help you with the forms. They cannot answer legal questions.

## WHAT HAPPENS AFTER I FILL OUT THE PAPERS?

A time will be set for the judge to look over your papers. The judge may ask you some questions. If the judge gives you the sexual abuse protective order, court staff will make copies for you. You should keep a copy of your order with you at all times.

You will need to have one of the copies hand-delivered to the other person. A sheriff's deputy can do that (free in Oregon). A private process server or any adult can also serve the papers, as long as the server lives in the state where the papers are served. You cannot serve the papers yourself. The server is required to complete and file with the court a declaration of service. The packet includes a form for service, but some servers use their own forms. Talk to the court clerk about ways to get the Respondent served. **The Respondent cannot be punished for violating (not following) the sexual abuse protective order until after service.**

## WILL A HEARING BE SCHEDULED?

The Respondent has 30 days from the date of service to request a hearing contesting (disagreeing with) the sexual abuse protective order. If the Respondent does not request a hearing, the sexual abuse protective order will stay in effect for one year from the date it was issued.

If the Respondent does request a hearing, the court will schedule it within 21 days of the request. The court will send you notice of the time and date of the hearing in the mail. If there is not enough time to mail you a notice, the court may contact you by telephone. **Be sure the court always has your current contact addresses and contact phone numbers so you get notice of any hearing.** You also can call the court to ask if a hearing has been set.

You must go to the hearing or the order will probably be terminated (dropped). If you cannot go to the hearing due to an emergency, call the court clerk right away. It may be helpful to have an attorney represent you at the hearing, but it is not required. If you did not have enough notice of the hearing, you may ask the judge to extend the date of the hearing for up to five days so that you may obtain a lawyer.

You may ask the judge in writing, ahead of time, to appear by telephone or other two-way electronic communication device, such as video-conferencing. It is up to the judge to decide whether to allow this.

## WHAT HAPPENS AT THE HEARING REQUESTED BY THE RESPONDENT?

The purpose of the hearing is to decide whether or not the sexual abuse protective order will remain in effect, and if it does remain in effect, if the order will stay the same or change in some way. The judge may decide not to change the order even if both sides agree that they want the same changes.

At the hearing, you must prove that you have been sexually abused and that you reasonably fear for your physical safety. You should be ready to give your own testimony, have witnesses testify, and give the judge any evidence you have (such as photos of your injuries or text messages from Respondent). If you are worried about your safety, you may ask for a sheriff's deputy to be present in the courtroom.

## HOW LONG DOES A SEXUAL ABUSE PROTECTIVE ORDER LAST?

A sexual abuse protective order lasts for one year from the date the judge signs it or until a judge terminates it. It can be renewed for one year at a time if the judge believes you are still in reasonable fear for your physical safety. **To renew the order, you must file the court paperwork before the order ends.**

## **WHAT CAN I DO IF THE RESPONDENT VIOLATES (DOES NOT OBEY) THE SEXUAL ABUSE PROTECTIVE ORDER?**

You can call the police. The officer must arrest the Respondent if there is probable cause (a good reason) to believe a violation has happened. The Respondent can be charged with contempt of court. If found guilty of contempt, the Respondent can be fined, placed on probation, or put in jail. It is best that you carry a copy of the sexual abuse protective order with you at all times and that you not contact the other party. A sexual abuse protective order does not guarantee your safety. You can take other steps to stay safe. A Victims' Assistance Program (VAP) or a community-based (non-profit) sexual assault or domestic violence program can help.

For information regarding sexual violence resources, please visit the following website:  
<http://oregonsatf.org/help-for-survivors/>.

## **WHAT IF I WANT TO DROP THE PROTECTIVE ORDER?**

You must file papers at the courthouse to ask the judge to drop the order. The order remains in effect until the judge terminates (ends) it. It may take a few days for law enforcement to get notice of the termination.

## **DO I NEED A LAWYER?**

You are not required to have a lawyer to obtain the sexual abuse protective order. You can have a lawyer represent or help you if you wish. However, the law does not allow the court to appoint a lawyer for you.

If the Respondent requests a hearing to modify or terminate the order and is represented by a lawyer, you may ask the judge to extend the date of the hearing for up to five days so that you may obtain a lawyer.

If you need help finding a lawyer, you may call the Oregon State Bar's Lawyer Referral Service at 503.684.3763 or 800.452.7636. If you believe you cannot afford a lawyer, ask court staff if your area has a legal services (legal aid) program that might help you. You also can go to: [www.oregonlawhelp.org](http://www.oregonlawhelp.org).

## **WHAT IF I NEED AN ACCOMMODATION OR AN INTERPRETER?**

If you have a disability and need an accommodation, or you are unable to speak English and need a foreign language interpreter, you must tell the court as soon as possible, but at least four days before your hearing. Tell the clerk that you have a disability and what type of assistance you need or prefer, or which language you speak.

### **IMPORTANT NOTE**

#### ***INFORMATION THAT MAY BE KEPT CONFIDENTIAL***

You may keep certain information ("protected personal information") out of any papers you file or submit to the court. You must instead, provide that information in a Segregated Information Sheet. "Protected Personal Information" includes social security number; date of birth; former legal names, driver license numbers. It also applies to information about a party or a party's child. On the document where that protected personal information would otherwise appear, you must note that the information has been separately provided under **UTCRC 2.100**. (UTCRC refers to the Uniform Trial Court Rules that apply across the state).

Relevant Rules and Forms

**UTCRC 2.100** – Protected Personal Information, Not Contact Information, Requirements and Procedures to Segregate When Submitting

**UTCRC Form 2.100.4a** – Request to Segregate Protected Personal Information from Concurrently Filed Document

**UTCRC Form 2.100.4b** – Segregated Information Sheet

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
COUNTY OF \_\_\_\_\_

|  |   |                                  |
|--|---|----------------------------------|
|  | ) | Case No. _____                   |
| <input type="checkbox"/> Petitioner                                | ) |                                  |
| <input type="checkbox"/> Petitioner-Parent/Guardian of Minor Child | ) |                                  |
| <input type="checkbox"/> _____                                     | ) |                                  |
| (Name of Protected Minor Child)                                    | ) |                                  |
| (full names)   | ) |                                  |
| v.   | ) | <b>PETITION FOR SEXUAL ABUSE</b> |
|  | ) | <b>PROTECTIVE ORDER</b>          |
|  | ) |                                  |
|  | ) | ORS _____                        |
| Respondent   | ) |                                  |
| (full name of person to be 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 may keep certain information (“protected personal information”) out of any papers you file or submit to the court. You may instead provide that information in a Segregated Information Sheet. On this Petition, where that protected personal information would otherwise appear, you may provide that in a Segregated Information Sheet (under UTCR 2.100) (see instructions).**

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

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 (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** spouses/domestic partners or former spouses/domestic partners;
- 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 one or more of the boxes below):

- Sexual contact without my consent or
- Sexual contact when I was not capable of consenting, and

4B. I reasonably fear for my physical safety.

4C. The abuse happened within the last 180 days.

**\*\*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 \_\_\_\_\_ to \_\_\_\_\_ (date).
- The Respondent lived more than 100 miles from my home from \_\_\_\_\_ to \_\_\_\_\_ (date).
- The Respondent was subject to a restraining, protective, or no contact order from \_\_\_\_\_ to \_\_\_\_\_ (date).

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

Date: \_\_\_\_\_, County/State: \_\_\_\_\_: \_\_\_\_\_

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Date: \_\_\_\_\_, County/State: \_\_\_\_\_: \_\_\_\_\_

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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: \_\_\_\_\_: \_\_\_\_\_

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Date: \_\_\_\_\_, County/State: \_\_\_\_\_: \_\_\_\_\_

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Additional pages attached labeled “*Paragraph 6: Additional Abuse*”

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

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**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

**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 is subject to penalty for perjury.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner

**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:**

\_\_\_\_\_  
Print Name,  Petitioner  Attorney for Petitioner

OSB No. (*if applicable*)

\_\_\_\_\_  
Address or Contact Address  
Use **Safe** Contact Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone or Contact Telephone Number  
Use **Safe** Contact Number

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
 COUNTY OF \_\_\_\_\_

|  |   |                             |
|--|---|-----------------------------|
|  | ) | Case No. _____              |
| <input type="checkbox"/> Petitioner                                | ) |                             |
| <input type="checkbox"/> Petitioner-Parent/Guardian of Minor Child | ) |                             |
| <input type="checkbox"/> _____                                     | ) |                             |
| (Name of Protected Minor Child)                                    | ) |                             |
| (full names)   | ) |                             |
| v.   | ) | <b>PROTECTIVE ORDER TO</b>  |
|  | ) | <b>PREVENT SEXUAL ABUSE</b> |
|  | ) |                             |
|  | ) |                             |
| Respondent   | ) |                             |
| (full name of person to be restrained)                             | ) |                             |

**NOTICE TO RESPONDENT:**

- You must obey all of parts of this Sexual Abuse Protective Order, even if Petitioner contacts you or gives you permission to contact him/ her.
- Violation of this Sexual Abuse Protective Order may result in your arrest and in civil and/or criminal penalties. This order is enforceable throughout Oregon and in every other state. Review this order carefully.
- See the attached “NOTICE TO RESPONDENT/REQUEST FOR HEARING” for more information about your rights to a hearing.**

**The Court, having reviewed the Petition and heard testimony, makes the following findings:**

|   | <b>Judge’s Initials</b> |
|---|-------------------------|
| <b>1A.</b> Petitioner is an adult and Respondent is at least 18 years of age.   | <b>1A.</b> _____        |
| <b>1B.</b> Petitioner is a minor and Respondent is at least 18 years of age.  | <b>1B.</b> _____        |
| <b>1B(1).</b> Petitioner is a minor, and Respondent represents a credible threat to the physical safety of Petitioner or Petitioner’s child/ren.  | <b>1B(1).</b> _____     |
| <b>2.</b> Petitioner is an adult, and Petitioner and Respondent are not family or household members under ORS 107.705.  | <b>2.</b> _____         |
| <ul style="list-style-type: none"> <li>They are <b>not</b> spouses/registered domestic partners or former spouses/registered domestic partners;</li> <li>They are <b>not</b> adults related by blood, marriage, or adoption;</li> <li>They have <b>never</b> cohabited (lived together in a sexually intimate relationship);</li> <li>They have <b>not</b> been involved in a sexually intimate relationship in the last two years;</li> <li>They are <b>not</b> the unmarried parents of a child; and</li> </ul> |                         |

- 3. Respondent has subjected Petitioner to sexual abuse as defined by ORS\_\_\_\_; The abuse occurred **WITHIN THE LAST 180 DAYS**. It is objectively reasonable for a person in Petitioner's situation to fear for his/her physical safety if an order is not entered.
- 4. Respondent is not prohibited from contacting Petitioner by a foreign restraining order as defined in ORS 24.190, an order issued under ORS 30.866, 124.015, 124.020, 163.738, or 419B.845, or an order entered in a criminal action.

3. \_\_\_\_\_

4. \_\_\_\_\_

**IT IS HEREBY ORDERED THAT:**

**Petitioner's Request (check all that apply):**

- 1. Respondent is restrained (prohibited) from contacting Petitioner and from intimidating, molesting, interfering with or menacing **Petitioner**, or attempting to contact, intimidate, molest, interfere with or menace Petitioner.
- 2. Respondent is restrained (prohibited) from contacting Petitioner's **children** or **family** or **household members**.
- 3. Respondent is restrained (prohibited) from intimidating, molesting, interfering with or menacing any **children** or **family** or **household members** of Petitioner, or attempting to intimidate, molest, interfere with or menace any **children** or **family** or **household members** of Petitioner.
- 4. Respondent is restrained from **entering or attempting to enter, or remaining in, the area within  150 feet or  \_\_\_\_\_ feet of the building and land at the following locations: (include names/addresses unless withheld for safety reasons)**
  - a. Petitioner's current or future **residence:** \_\_\_\_\_
  - b. Petitioner's current or future **business or place of employment:** \_\_\_\_\_
  - c. Petitioner's current or future **school:** \_\_\_\_\_
  - d. **Other locations:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Nothing in this Order prevents Respondent from appearing at or participating in a court (or administrative) hearing or other related legal process as a party or witness in a case involving Petitioner. At these times, Respondent must stay at least \_\_\_\_\_ feet away from Petitioner and follow any additional protective terms ordered in that case. Further, nothing in this Order prevents Respondent from serving or providing documents related to a court (or administrative) case to Petitioner in a manner permitted by law. However, Respondent may not personally deliver legal documents to Petitioner.**

- 5.** Except as otherwise set out in this Order, Respondent is restrained (prohibited) from: **5.** \_\_\_\_\_
- a. Contacting, or attempting to contact, Petitioner **in person** directly or through third parties.
  - b. Contacting, or attempting to contact, Petitioner **by mail**, or **e-mail**, **any other electronic transmission**, or **delivery service**.
  - c. Contacting, or attempting to contact, Petitioner by **telephone**, including **cell phone** or **text messaging** directly or through third parties.

**6.** Other Relief necessary to provide for the safety and welfare of Petitioner or Petitioner’s children or family or household members: **6.** \_\_\_\_\_

**6A.** Respondent shall not purchase or possess any firearms or ammunition [OJIN/ODYSSEY Event Code: FQOR] because: **6A.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Other orders regarding firearms (for court use only):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6B. Other relief necessary for safety and welfare:** **6B.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FIREARMS NOTIFICATION**

If the firearms prohibition in Paragraph 6A is initialed by the judge, it IS unlawful under OREGON state law for you to possess or purchase a FIREARM, including a rifle, pistol, or revolver, and AMMUNITION.

You should consult an attorney if you have questions about this.

[OJIN/ODYSSEY EVENT CODE: NOGR]

**IT IS FURTHER ORDERED that** the SECURITY AMOUNT for violation of any provision of this Order is **\$5,000** unless otherwise specified here: Other Amount: \$\_\_\_\_\_

**The above provisions of this Sexual Abuse Protective Order are in effect for a period of one (1) year from the date of the judge’s signature (*unless renewed before it expires*) or until the Order is terminated, modified, or replaced, whichever occurs first.**

CERTIFICATE OF COMPLIANCE WITH FULL FAITH AND CREDIT PROVISIONS OF  
VIOLENCE AGAINST WOMEN ACT (This is not a Brady Certificate)

This Sexual Abuse Protective Order meets all full faith and credit requirements of the Violence Against Women Act, 18 USC § 2265. This Court has jurisdiction over the parties and the subject matter. The Respondent is being afforded notice and timely opportunity to be heard as provided by the law of this jurisdiction. This Order is valid and entitled to enforcement in this and all other jurisdictions.

**IT IS HEREBY ORDERED that:**

- The Petition for Sexual Abuse Protective Order is **GRANTED** as set forth above.
  
- The Petition for Sexual Abuse Protective Order is **DENIED** and **DISMISSED** because:
  - Petitioner did not establish a claim for relief.
  - Other: \_\_\_\_\_
  
- The Petition for Sexual Abuse Protective Order is **DISMISSED** because Petitioner did not appear at the time set for the *ex parte* hearing on his/her petition.

DATED: \_\_\_\_\_

\_\_\_\_\_  
JUDGE (Signature)

\_\_\_\_\_  
Print or Type Name of Judge

**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:**

\_\_\_\_\_  
Print Name,  Petitioner  Attorney for Petitioner

OSB No. (if applicable)

\_\_\_\_\_  
Address or Contact Address  
Use Safe Contact Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone or Contact Telephone Number  
Use Safe Contact Number

**RELEVANT DATA**

**PETITIONER:** \_\_\_\_\_  
*Name*

Female  Male

\*\*\*Residence/Contact Address (Use a **safe** address\*\*\*):

\_\_\_\_\_  
Number, Street and Apt. Number (*if applicable*)

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Telephone/Contact Telephone Number \_\_\_\_\_ (Use **safe** contact number)

Birth Date \_\_\_\_\_ (see box below) Age \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

**\*\*\*Respondent will receive a copy of this information.** If you wish to have your residential address or telephone number withheld from Respondent, use a contact address in the state where you reside or a contact telephone number so the Court and the Sheriff can reach you if necessary. Please check for mail at this address frequently.

You will need to fill out a Request to Segregate Protected Personal Information and a Segregated Information Sheet if you do not want to include certain information ("protected personal information") on this form. Information that can be protected includes birth dates. Where that information would otherwise appear on this form, you must note that the information has been separately provided under UTCR 2.100. You can ask the court clerk how to get the forms you need.

**RESPONDENT:** \_\_\_\_\_  
*Name*

Female  Male

Residence Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

**PLEASE FILL OUT THIS INFORMATION  
TO AID IN SERVICE OF THE SEXUAL ABUSE PROTECTIVE ORDER**

**Where is the Other Party most likely to be located?**

Residence Hours \_\_\_\_\_ Address \_\_\_\_\_

Employment Hours \_\_\_\_\_ Address \_\_\_\_\_

Other Hours \_\_\_\_\_ Address \_\_\_\_\_

**Description of Vehicle** \_\_\_\_\_

Is there anything about the other party's character, past behavior, or the present situation that indicates that he or she may be a **danger** to others? to him/herself? **EXPLAIN:** \_\_\_\_\_

Does the other party have any **weapons, or access to weapons**? **EXPLAIN:** \_\_\_\_\_

Has the other party ever been arrested for or convicted of a **violent crime**? **EXPLAIN:** \_\_\_\_\_



IN THE CIRCUIT COURT OF THE STATE OF OREGON  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_) Case No. \_\_\_\_\_  
 Petitioner )  
 Petitioner-Parent/Guardian of Minor Child )  
 \_\_\_\_\_ )  
(Name of Protected Minor Child) )  
(full names) )  
v. ) **NOTICE TO RESPONDENT/REQUEST FOR**  
) **HEARING**  
) (Sexual Abuse Protective Order)  
)  
Respondent )  
(full name of person to be 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 BY THE COURT WHICH AFFECTS YOUR RIGHTS. THIS ORDER IS NOW IN EFFECT.** You have the right to contest this Sexual Abuse Protective Order as set out in the paragraphs below.

**Enforceability of the Sexual Abuse Protective Order**

The Sexual Abuse Protective Order you have received is in effect and remains in effect until the court modifies, terminates, or until it expires. The order may also be renewed if the court finds that a person in the Petitioner’s situation would reasonably fear for his or her physical safety if the order is not renewed. If you are arrested for violating this order, the security amount (bail) is \$5,000 unless a different amount is ordered by the court.

This Sexual Abuse Protective Order, or any Order continuing or changing this Order, is enforceable in every county in Oregon. It is also enforceable in all 50 states, the District of Columbia, tribal lands and territories of the United States.

**Violation of the Sexual Abuse Protective Order**

Violation of any part of this sexual abuse protective order, or any order continuing or changing this order, constitutes contempt of court, punishable by a fine of up to \$500 or one percent of your annual gross income, whichever is greater, or a jail term of up to six months, or both. Other consequences may also be imposed for contempt.

**FIREARMS PROHIBITIONS MAY APPLY TO YOU**

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 pursuant to federal law under 18 USC § 922(g), as well as state and local law. You may also be prohibited from possessing, receiving, shipping or transporting any firearm or firearm ammunition. If you have any questions whether these laws make it illegal for you to possess or purchase a firearm, you should consult an attorney.

**Other Laws May Also Apply To You**

Whether or not a Restraining or 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 your causing bodily injury to the Petitioner.

You may also be subject to further restrictions and 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.

**IF YOU COMPLETE THE REQUEST FOR HEARING FORM, YOU MUST MAIL OR DELIVER IT TO (*address of court*):** \_\_\_\_\_

**REQUEST FOR HEARING**  
(To Be Completed By Respondent Only)

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_ ) Case No. \_\_\_\_\_  
 Petitioner )  
 Petitioner-Parent/Guardian of Minor Child )  
 \_\_\_\_\_ )  
(Name of Protected Minor Child) )  
(full names) )  
v. ) **REQUEST FOR HEARING**  
) (Sexual Abuse Protective Order)  
)  
Respondent )  
(full name of person to be restrained) )

I am the Respondent in the above-referenced action, and I request the following:

**1. I am requesting a hearing to contest (object to):**

- all of the order, or
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**3. 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.

\_\_\_\_\_  
**Respondent's Signature**

**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 below:

- 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:**

---

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

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|                                   |                  |                                       |
|-----------------------------------|------------------|---------------------------------------|
| Address or Contact Address        | City, State, Zip | Telephone or Contact Telephone Number |
| Use a <b>Safe</b> Contact address |                  | Use a <b>Safe</b> Contact number      |

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_) 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:**

---

Print Name,  Petitioner  Attorney for Petitioner

OSB No. (*if applicable*)

---

Address or Contact Address  
Use a **Safe** Contact address

City, State, Zip

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

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
COUNTY OF \_\_\_\_\_

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

**ORDER**

Petitioner's Motion for Termination is:

Granted (*LEDS Staff CPO*)  Denied  Other: \_\_\_\_\_

IT IS SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
JUDGE (Signature)

\_\_\_\_\_  
Print, Type or Stamp Name of Judge

**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:**

\_\_\_\_\_  
Print Name,  Petitioner  Attorney for Petitioner  OSB No. (*if applicable*)

\_\_\_\_\_  
Address or Contact Address City, State, Zip Telephone or Contact Telephone Number  
Use a **Safe** Contact address Use a **Safe** Contact number

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_) )  
 Petitioner ) Case No. \_\_\_\_\_  
 Petitioner-Parent/Guardian of Minor Child )  
 \_\_\_\_\_ ) **ORDER AFTER HEARING**  
(Name of Protected Minor Child) )  21 Day Hearing After Notice  
(full names) )  Modification  Renewal Hearing  
v. ) (Sexual Abuse Protective Order)  
)  
)  
Respondent )  
(full name of person to be restrained) )

This matter came before the Court on \_\_\_\_\_, 20\_\_\_\_\_.

**PETITIONER**

- Appeared in person or  by telephone/video
- Was served a copy of this Order in court today
- Did not appear
- Attorney: \_\_\_\_\_
- OSB No. \_\_\_\_\_

**FINDINGS:** \_\_\_\_\_

**RESPONDENT**

- Appeared in person or  by telephone/video
- Was served a copy of this Order in court today
- Did not appear
- Attorney: \_\_\_\_\_
- OSB No. \_\_\_\_\_

Having heard the testimony, **IT IS HEREBY ORDERED THAT THE SEXUAL ABUSE PROTECTIVE ORDER OBTAINED BY PETITIONER ON \_\_\_\_\_, 20\_\_\_\_\_ IS:**

- TERMINATED** in its entirety, **AND THE PETITION IS DISMISSED.**
  - \_\_\_ After hearing (LEDS Staff XPO)
  - \_\_\_ At Petitioner's request (LEDS Staff CPO)
  - \_\_\_ Petitioner did not appear for the hearing (LEDS Staff XPO)
- CONTINUED** in its entirety.
- RENEWED** in its entirety. The renewed Sexual Abuse Protective Order expires on: \_\_\_\_\_ (date).
- CONTINUED/RENEWED but MODIFIED/AMENDED** as follows: \_\_\_\_\_

**IMPORTANT: Except as modified or amended, all other portions of the Sexual Abuse Protective Order remain in effect.**

**SECURITY AMOUNT for VIOLATION OF THIS ORDER IS \$5,000** unless a different amount is specified here: OTHER SECURITY AMOUNT: \$\_\_\_\_\_

**NOTICE TO RESPONDENT: If you have questions about whether federal or state laws make it illegal for you to possess or purchase a firearm, and/or about whether this Order will affect your ability to serve in the military or be employed in law enforcement, you should consult an attorney.**

**FIREARMS PROHIBITION:** This Order (or the original Order that is continued) prohibits Respondent from possessing FIREARMS or AMMUNITION and it is unlawful for Respondent to do so under **state law**. [OJIN/ODYSSEY EVENT CODE: NOGR]

**CERTIFICATE OF COMPLIANCE WITH THE VIOLENCE AGAINST WOMEN ACT FULL FAITH AND CREDIT PROVISIONS:** This Order meets all full faith and credit requirements of the Violence Against Women Act, 18 USC § 2265. This Court has jurisdiction over the parties and the subject matter. Respondent was or is being afforded notice and timely opportunity to be heard as provided by Oregon law. This Order is valid and entitled to enforcement in this and all other jurisdictions.

DATED: \_\_\_\_\_

\_\_\_\_\_  
JUDGE (Signature)

\_\_\_\_\_  
Print or Type Name of Judge

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
COUNTY OF \_\_\_\_\_

Petitioner or  Petitioner-Parent/Guardian of Minor

Case No. \_\_\_\_\_

Child

\_\_\_\_\_

FIREARM FINDINGS AND NOTICE TO  
RESPONDENT

(use full names) (Name of Protected Minor Child)

v. (Sexual Abuse Protective Order – Minor Child  
Petitioner)

Respondent (full name of person to be restrained) ORS

This matter came before the Court on \_\_\_\_\_, 20\_\_\_\_. The Protective Order is continued as set forth in the Order After Hearing.

**The Court finds:**

A. **Relationship:** The person protected by this Order is (check at least one):

- A spouse or former spouse of Respondent.
- The parent of Respondent's child.
- A person who does or did cohabit (live in a sexually intimate relationship) with Respondent.
- Respondent's child.
- A child of an intimate partner\* of Respondent (\*intimate partner is spouse/former spouse, cohabitant/former cohabitant, or parent of Respondent's child).

B. **Notice and Opportunity to Participate:**

The Order was issued after a hearing of which Respondent received actual notice and at which Respondent had the opportunity to participate.

C. **Terms of Order:**

The Order restrains Respondent from harassing, stalking or threatening Petitioner or Petitioner's or Respondent's child/ren or engaging in other conduct that would place Petitioner in reasonable fear of bodily injury to Petitioner or Petitioner's or Respondent's child/ren; **AND**

Respondent represents a credible threat to the physical safety of Petitioner or Petitioner's or Respondent's child/ren.

**FIREARMS NOTIFICATION under 42 USC § 3796gg-(4)(e):** As a result of this Order, it **may** be unlawful for Respondent to possess, receive, ship, transport or purchase a **firearm or ammunition** pursuant to **federal law** under 18 USC § 922 (g)(8). This Order also **may** negatively affect Respondent’s ability to serve in the Armed Forces of the United States or to be employed in law enforcement. [OJIN Event Code: **NOGR**]

**FEDERAL FIREARMS FINDINGS (BRADY):** This Order may subject Respondent to federal prosecution for possession, receipt, shipping, transportation, or purchase of firearms or ammunition while it is in effect. [OJIN Event Code: **ORBY**; LEDS Brady Code: **Y**]

**NOTICE TO RESPONDENT: If you have questions about whether federal or state laws make it illegal for you to possess or purchase a firearm, and/or about whether this Order will affect your ability to serve in the military or be employed in law enforcement, you should consult an attorney.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
JUDGE Signature

\_\_\_\_\_  
Print or Type Name of Judge

# CONTESTING A SEXUAL ABUSE PROTECTIVE (SAPO) ORDER INSTRUCTIONS

Procedures vary from court to court. Check with your local court for filing instructions.

## WHAT IF I DISAGREE WITH SOME OR ALL OF THE PROTECTIVE ORDER?

The judge granted the Protective Order based on input from the Petitioner. If you disagree with information given to the judge, or you disagree with all or part of the Order, you have a right to appear in court and give the judge your input.

## HOW DO I OBJECT TO THE PROTECTIVE ORDER?

If you want a judge to consider whether the Protective Order should remain in effect, or change some of the things in the Protective Order, you must fill out the form called "Request for Hearing." The "Request for Hearing" form is part of the court papers that says "Notice to Respondent/Request for Hearing" on the top, right hand side of the page. You should have received a copy of this form when you were served with the Protective Order. If you did not receive one, you may download the Request for Hearing form from the state website, <http://courts.oregon.gov/OJD/OSCA/cpsd/courtimprovement/familylaw/fapaforms.page> or contact the court that issued the Order.

You have 30 days after you are served with the Protective Order to ask the judge to dismiss or change the order, by filing a "Request for Hearing." **The Request for Hearing must be filed with the court within 30 days from the date you were served.**

If it has been more than 30 days since the date you were served, you can request only that the court modify the terms of the Protective Order. You cannot request that the court dismiss the Protective Order. Either party may request this type of hearing to modify. You may request such a hearing by asking the clerk at the courthouse for the forms needed to "modify" a Protective Order. The judge may schedule a hearing to decide whether or not to change the Order. The judge may decide not to change the Order even if both sides agree that they want the same changes

## WHAT HAPPENS IF I DO NOT OBJECT?

If you do not ask for a contested hearing within the first 30 days after you receive the court papers, the Protective Order will continue for **one year** from the date the judge signed it. It can also be renewed for one year at a time after that.

## WHEN WILL THE CONTESTED HEARING BE HELD?

The court must hold the hearing within 21 days of your request. If the hearing is scheduled more than a few days away, the court will send you notice of the time and date of the hearing in the mail. If there is not enough time to mail you a notice, the court may contact you by telephone. **Be sure the court always has your current contact addresses and contact phone numbers so you get notice of any hearing.** You also can call the court to ask if a hearing has been set.

If you do not go to the hearing, you will lose your chance to ask the judge to dismiss or change the Sexual Abuse Protective Order. If you cannot go to the hearing due to an emergency, call the court clerk right away. It may be helpful to have an attorney represent you at the hearing, but it is not required.

You may ask in writing, ahead of time, to appear by telephone or other two-way electronic communication device, such as video-conferencing.

### **WHAT WILL HAPPEN AT THE HEARING I REQUEST?**

The purpose of the hearing is to decide whether or not the Protective Order will remain in effect, and if it does remain in effect, if the Order will stay the same or change in some way.

### **DO I NEED A LAWYER?**

If you have questions about how the law works or what it means, you may need to talk to a lawyer. You are not required to have a lawyer to contest the Protective Order, but you can have a lawyer represent or help you if you wish. The law does not authorize the court to appoint an attorney for you in this case. If you need help finding a lawyer, you may call the Oregon State Bar's Lawyer Referral Service at 503.684.3763 or 800.452.7636. If you believe you cannot afford a lawyer, ask court staff if your area has a legal services (legal aid) program that might help you. You also can go to: [www.oregonlawhelp.org](http://www.oregonlawhelp.org).

### **WHAT IF I NEED AN ACCOMMODATION OR AN INTERPRETER?**

If you have a disability and need an accommodation, or you are unable to speak English and need a foreign language interpreter, you must tell the court as soon as possible, but at least four days before your hearing. Tell the clerk that you have a disability and what type of assistance you need or prefer, or which language you speak.

### **IMPORTANT NOTE**

#### ***INFORMATION THAT MAY BE KEPT CONFIDENTIAL***

You may keep certain information ("protected personal information") out of any papers you file or submit to the court. You must instead, provide that information in a Segregated Information Sheet. "Protected Personal Information" includes social security number; date of birth; former legal names, driver license numbers. It also applies to information about a party or a party's child. On the document where that protected personal information would otherwise appear, you must note that the information has been separately provided under **UTCR 2.100**. (UTCR refers to the Uniform Trial Court Rules that apply across the state).

Relevant Rules and Forms

**UTCR 2.100** – Protected Personal Information, Not Contact Information, Requirements and Procedures to Segregate When Submitting

**UTCR Form 2.100.4a** – Request to Segregate Protected Personal Information from Concurrently Filed Document

**UTCR Form 2.100.4b** – Segregated Information Sheet

**NOTICE TO PETITIONERS RECEIVING ELECTRONIC NOTICE  
ABOUT SERVICE OR EXPIRATION OF SEXUAL ABUSE PROTECTIVE ORDERS:**

**USE THIS FORM IF:**

- You have already provided your e-mail address and/or cell phone number to the Sheriff's Office in the county where your Sexual Abuse Protective Order was issued so that you may receive electronic notice when your Protective Order has been served, and another message 30 days before the Order expires

AND

- You have had a change in your e-mail address or cell phone number.

**The information below must be provided to the Sheriff's Office where the Sexual Abuse Protective Order was obtained.**

**DO NOT FILE THIS FORM WITH THE COURT.**

*If your contact address or phone number has changed, you must separately inform the court where you obtained this Order.*

A common time for use of this form is when you are RENEWING or MODIFYING your Protective Order and have had a change in your e-mail address or Protective Order. But the form should be used ANYTIME your Sexual Abuse Protective Order is in effect and you have had a change in your e-mail address or cell phone number and still want to receive electronic notice from the Sheriff's Office about service or expiration.

*This is voluntary—you are not required to provide this information. **You are not required to participate in the electronic notice program.***

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**PETITIONER'S NOTICE TO SHERIFF'S OFFICE OF CHANGE OF CONTACT INFORMATION**

Petitioner's Name: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

Court Case Number: \_\_\_\_\_

County where Order obtained: \_\_\_\_\_

Your cell phone number: \_\_\_\_\_

Your cell phone carrier (ATT, Verizon, etc.): \_\_\_\_\_

Your e-mail address: \_\_\_\_\_