

# CHANGING A SEXUAL ABUSE PROTECTIVE ORDER

## INSTRUCTIONS

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

### MAY I GET A SEXUAL ABUSE PROTECTIVE ORDER CHANGED?

Yes. A person can ask for these changes any time after the end of the 30 day period the Respondent has to request a hearing (as long as the order has not expired or been terminated (ended) by a judge).

Modification of a Sexual Abuse Protective Order		
	If you want <i>less</i> restrictive terms:	If you want <i>more</i> restrictive terms:
If you are the Petitioner:	<b>USE:</b> Petitioner’s Motion and Declaration for Less Restrictive Terms; and the Notice to Respondent/ Request for Hearing for Less Restrictive Terms in Packet #2.	<b>USE:</b> Motion, Declaration and Order to Show Cause re: Modifying Sexual Abuse Protective Order in Packet #2.
If you are the Respondent:	<b>USE:</b> Motion, Declaration and Order to Show Cause re: Modifying Sexual Abuse Protective Order in Packet #2	<b>USE:</b> Motion, Declaration and Order to Show Cause re: Modifying Sexual Abuse Protective Order in Packet #2.

### HOW DO I ASK FOR A CHANGE TO THE SEXUAL ABUSE PROTECTIVE ORDER?

The judge may sign an order at the Petitioner’s request making terms less restrictive without requiring a hearing that the Respondent attends. The Respondent, however, may request a hearing once he or she receives a copy of that changed order.

If you fill out the Motion, Affidavit and Order to Show Cause re: Modifying Sexual Abuse Protective Order, the judge will probably sign an order for the other party to appear. Some courts set a hearing when you file the papers. Some courts do not set a hearing until the other person has been served and given 30 days to respond. Check with the court clerk of the county that issued the order to be sure you follow the right process.

### WHAT HAPPENS NEXT?

After you file your papers, court staff will make copies for you. 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) as can a private process server or any adult, 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.

If your local court sets a hearing, it is very important for you to attend, or the judge may dismiss your request. **Be sure the court always has your current contact addresses and contact phone numbers so you get notice of any hearing.**

If your packet includes an Order After Hearing form, you should take it to the hearing. The judge will need to write down his/her decision on the form and sign it. If you cannot go to the hearing due to an emergency, call the court clerk right away. If you have requested these changes in a court that does not schedule a hearing, please contact the court clerk to make sure you are following the correct procedures.

If your local court does not set a hearing until the other party has responded, and the other party has NOT filed a response within 30 days after getting the papers, it is your responsibility to turn in the Order After Hearing form for the judge to sign. The court clerk can tell you where to file the order.

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

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

You are not required to have a lawyer to modify 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 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. \_\_\_\_\_  
 Petitioner )  
 Petitioner-Parent/Guardian of Minor Child )  PETITIONER'S  RESPONDENT'S  
 \_\_\_\_\_ ) **MOTION and DECLARATION IN SUPPORT OF ORDER**  
(Name of Protected Minor Child) ) **TO SHOW CAUSE**  
(full names) ) **RE: MODIFYING SEXUAL ABUSE PROTECTIVE**  
v. ) **ORDER (SAPO)**  
\_\_\_\_\_) )  
Respondent )  
(full name of person restrained) )

**MOTION AND DECLARATION**

I,  Petitioner  Respondent, request the court to issue an Order to Show Cause requiring  Petitioner  
 Respondent to appear in Circuit Court in the \_\_\_\_\_ County Courthouse  
in \_\_\_\_\_, Oregon to show cause why this court should not grant the  
following relief:

I request the following changes be made:

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

The following facts support this motion (*please explain the reason you are requesting the changes listed above*):

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

**STATEMENT OF POINTS AND AUTHORITIES**

On a showing of good cause and at the request of either party, the court may modify the terms of s Sexual Abuse Protective Order. ORS \_\_\_\_\_.

**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/Respondent

**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.

\_\_\_\_\_  
Date  Petitioner  Respondent Signature

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

**TO PETITIONER AND RESPONDENT: NOTICE OF HEARING**

The Court has scheduled a hearing as follows:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom: \_\_\_\_\_

*(To Be Completed by Court Staff 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. )

**ORDER TO SHOW CAUSE**

**RE: MODIFYING SEXUAL ABUSE PROTECTIVE**

**ORDER (Sexual Abuse Protective Order)**

\_\_\_\_\_ )

Respondent )

(full name of person to be restrained) )

**ORDER**

TO: \_\_\_\_\_,  Petitioner  Respondent:

**IT IS HEREBY ORDERED:**

**A. PERSONAL APPEARANCE**

You must appear in person before the court, on the date and time listed on the top center of the first page of this document, to show cause why an order should not be entered modifying the Sexual Abuse Protective Order previously entered in this matter on \_\_\_\_\_ (date original order was issued), and granting the relief requested in the attached Motion.

**B. WRITTEN RESPONSE**

You must appear by written response within thirty (30) days after this order was served on you, to show cause why an order should not be entered granting the relief requested in this Motion.

**C. MOTION DENIED** \_\_\_\_\_

Dated: \_\_\_\_\_

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

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

**ORDER TO SHOW CAUSE RE: MODIFYING SEXUAL ABUSE PROTECTIVE ORDER -**

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**NOTICE**  
**READ THESE PAPERS CAREFULLY**

**IF YOU FAIL TO APPEAR AT THE SCHEDULED HEARING, THE COURT MAY GRANT THE RELIEF REQUESTED. IF YOU HAVE ANY QUESTIONS, YOU SHOULD SEE AN ATTORNEY IMMEDIATELY.**

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**RELEVANT DATA**

**PETITIONER:** \_\_\_\_\_  Female  Male  
*Name*

\*\*\*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:** \_\_\_\_\_  Female  Male  
*Name*

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. ) **DECLARATION OF PROOF OF SERVICE**  
) (Sexual Abuse Protective Order)  
)  
Respondent )  
(full name of person to be restrained) )

I, (name) \_\_\_\_\_, declare that I am a resident of the  
County of \_\_\_\_\_, State of \_\_\_\_\_.  
I am a competent person 18 years of age or older, and not an attorney for, or a party to, this proceeding. I  
certify that the person served is the identical one named in this action.

On the \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_ (year), I served the following:  
(List all documents served) \_\_\_\_\_

\_\_\_\_\_ in this case upon the above-named Respondent in person in \_\_\_\_\_ County,  
State of \_\_\_\_\_, at the following address:  
\_\_\_\_\_ at \_\_\_\_\_ a.m. / p.m. by delivering to  
the Respondent a copy of those papers, all of which were certified to be a true copy of the original.

**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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**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.**

\_\_\_\_\_  
Signature of Process Server

\_\_\_\_\_  
Street or P.O. Address of Process Server

\_\_\_\_\_  
Print Name of Process Server

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone 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

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 DECLARATION**  
) **FOR LESS RESTRICTIVE TERMS**  
) (Sexual Abuse Protective Order)  
)  
Respondent ) *EX PARTE*  
(full name of person to be restrained) )

**MOTION AND DECLARATION**

Petitioner, \_\_\_\_\_, being first duly sworn, asks that the Court make the sexual abuse protective order LESS RESTRICTIVE by allowing the Respondent to:

come to the **following locations**: (*List any special terms about days, times, purposes, etc.*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

have **contact with me**: (*check all that you want allowed that are currently not allowed*)  
 in person (*List any special terms about days, times, locations, purposes, etc.*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

by mail, e-mail, commercial or other electronic transmission: (*List any special terms about days, times, locations, purposes, etc.*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

by telephone, including cell phone and text messaging (*List any special terms about days, times, locations, purposes, etc.*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

through the third parties listed below, but only in the methods I have checked:  
 in person                       by mail, or e-mail, or other electronic transmission  
 by telephone, including cell phone and text messaging

(List the third parties and any special terms about days, times, locations, purposes, etc.): \_\_\_\_\_

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

(List any other less restrictive terms):

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

I want these changes because: \_\_\_\_\_

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

**STATEMENT OF POINTS AND AUTHORITIES**

On a showing of good cause, Oregon Laws 2013, chapter 687, section 7(2) (HB 2779) authorizes the court modify a Sexual Abuse Protective Order on Petitioner’s ex parte request to make terms less restrictive.

**I ASK THE COURT TO ORDER MY REQUESTS AS INDICATED ABOVE.**

**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. \_\_\_\_\_  
 Petitioner )  
 Petitioner-Parent/Guardian of Minor Child )  
 \_\_\_\_\_ )  
(Name of Protected Minor Child) )  
(full names) )  
v. ) **ORDER FOR**  
 ) **FOR LESS RESTRICTIVE TERMS**  
 ) (Sexual Abuse Protective Order)  
 )  
Respondent ) *EX PARTE*  
(full name of person to be restrained) )

**Notice to Respondent**

- All terms of the Sexual Abuse Protective Order previously ordered remain in effect, except as changed here. The changes are effective now.
- Violation of this Sexual Abuse Protective Order may result in your arrest and in civil and/or criminal penalties. Review this order carefully.
- An attached Notice informs you that you may request a hearing if you **DISAGREE** with any of these less restrictive terms.

This matter came before the Court on Petitioner's *ex parte* Motion and Declaration for Less Restrictive Terms. The Court has considered Petitioner's *ex parte* motion and declaration.

**THE COURT ORDERS THAT:**

- Petitioner's Motion is granted** based on a finding of good cause. The terms of the Protective Order to Prevent Sexual Abuse are modified as described in the attached Motion and Declaration for Less Restrictive Terms.
- Petitioner's Motion is granted** in part, based on a finding of good cause, as follows:  
\_\_\_\_\_  
\_\_\_\_\_
- Petitioner's Motion is denied.**

Dated: \_\_\_\_\_

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

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

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  
FOR LESS RESTRICTIVE ORDER**  
\_\_\_\_\_ )  
Respondent ) (Sexual Abuse Protective Order)  
(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 THAT CHANGES THE TERMS OF THE SEXUAL ABUSE PROTECTIVE ORDER ALREADY IN EFFECT. THE CHANGES ARE IN EFFECT NOW.**

**THESE CHANGES MAKE THE ORDER LESS RESTRICTIVE ON YOU.**

If you disagree with the changes that have made in the order, you may request a hearing. You must file this request within 30 days after you receive this order. NOTE that:

- Only the Petitioner’s request(s) to change the restrictions will be considered at this hearing.
- You cannot ask at this hearing that the entire sexual abuse protective order be ended.

You must complete the attached “REQUEST FOR HEARING” form (Page 2) and mail or deliver it to this address:

(Court Name and Address)

**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 state and local law. 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.

**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**  
) **ON LESS RESTRICTIVE ORDER**  
)   
Respondent ) (Sexual Abuse Protective Order)  
(full name of person to be restrained) )

I am the Respondent in this case. **I disagree with how the Order has been made less restrictive.**

I want a hearing and I will be objecting to: *(check all that apply)*

- \_\_\_\_\_ The Order allowing me to go to certain locations that I was prohibited from going to before.
- \_\_\_\_\_ The Order allowing me to have contact with the Petitioner that was prohibited before.
- \_\_\_\_\_ Other \_\_\_\_\_.

I understand that:

- Only the Petitioner’s request(s) to change the restrictions will be considered at this hearing.
- The Judge does not have the authority at this hearing to terminate (end) the order at my request.

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

- 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 Date

**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)*

\_\_\_\_\_  
Address or Contact Address City, State, Zip Telephone or Contact Telephone Number

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