RENEWING A SEXUAL ABUSE PROTECTIVE ORDER

INSTRUCTIONS

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

CAN I RENEW A SEXUAL ABUSE PROTECTIVE ORDER?

You may ask the court to renew the Sexual Abuse Protective Order for another year if you are still in reasonable fear for your safety.

HOW DO I ASK FOR MY SEXUAL ABUSE PROTECTIVE ORDER TO BE RENEWED?

If you want to renew the Sexual Abuse Protective Order, fill out the forms in Packet #3 and submit them to the court where you obtained your original Sexual Abuse Protective Order.

WHEN CAN I ASK FOR MY SEXUAL ABUSE PROTECTIVE ORDER TO BE RENEWED?

File your request with the court sometime **before** the original Order ends. Remember, the original Sexual Abuse Protective Order lasts for one year from the day it was signed by the judge. To renew the Order, your papers must be filed before the end of that year. **You may lose your chance to apply if you do not file before the date the Order ends.**

WHAT HAPPENS NEXT?

After you file your renewal forms, the judge will decide if it is reasonable for a person in your situation to reasonably fear for your physical safety if the Sexual Abuse Protective Order is not renewed. You do not have to prove that there has been any new abuse since the original Order was signed. You do have to explain why you want it renewed.

If the judge grants your renewal, court staff will make copies for you. You will need to have one of the copies hand-delivered to the other person by a sheriff, a private process server, or any mentally competent person who is 18 or older, 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 proof of service. There is a form in the packet, but some servers use their own forms. Talk to the court clerk about ways to get the Respondent served.

The Respondent has 30 days from the date of service to request a hearing. If the Respondent does not request a hearing, the renewed Sexual Abuse Protective Order will stay in effect.

If the Respondent requests a hearing, the only issue the judge will consider is whether to continue or dismiss the Sexual Abuse Protective Order, unless the Respondent requests other issues in the hearing request form, and you agree, or the Respondent has filed a request to modify the Order.

If the Respondent requests a hearing, it will be held within 21 days after receiving the hearing request. The court will mail you a notice of the hearing date and time or may notify you by phone. It is very important for you to give the court a reliable address and phone number where you can be contacted. If you do not appear at the hearing, your Sexual Abuse Protective Order may be dismissed. **Be sure the court always has your current contact addresses and contact phone numbers so you get notice of any hearing.** Use safe contact addresses and contact phone numbers.

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?

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 renew the Sexual Abuse Protective Order, and the court will not appoint a lawyer for you, but you can have a lawyer represent or help you if you wish.

If the Respondent requests a hearing to modify or terminate the Order, and is represented by a lawyer, you may request to extend the date of the hearing for up to five days so that you may obtain a lawyer. The law does not authorize the Judge to appoint an attorney for you.

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.

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

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)	)	**PETITION TO RENEW SEXUAL ABUSE PROTECTIVE ORDER**
v.	)	
	)	(Sexual Abuse Protective Order)
_____	)	
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 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. You must instead provide that information in a Confidential Information Form (CIF). On this document, where that confidential personal information would otherwise appear, you must note that the information has been separately provided under UTCR 2.100.

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.)*

_____

_____

_____

_____

_____

_____

I hereby ask the court to issue an Order renewing the Protective Order in this matter that was originally signed on _____, 20____ (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.

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

_____ Print or Type Name 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 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)	)	**ORDER RENEWING SEXUAL ABUSE PROTECTIVE ORDER**
v.	)	
	)	(Sexual Abuse Protective Order)
_____	)	
Respondent	)	
(full name of person to be restrained)	)	

TO THE RESPONDENT:

This Order continues the original or modified Protective Order and becomes effective immediately. Violation of the continued Protective Order may result in your arrest or in civil and/or criminal penalties. This Order is enforceable in every state, the District of Columbia, and all tribal lands and territories of the United States. If you wish to contest the continuation of this Order, see your rights to a hearing described in the "*Notice to Respondent/Request for Hearing*" form attached to this Order.

The court, having reviewed the Petition to Renew Sexual Abuse Protective Order, makes the following findings:

☐ A person in the Petitioner's situation would reasonably fear for his or her physical safety if the Sexual Abuse Protective Order in this matter is not renewed.

☐ No further service is necessary because the Respondent appeared in person before the court.

This matter coming before the court on the petition of the Petitioner, **IT IS HEREBY ORDERED** that:

☐ The Sexual Abuse Protective Order in this matter is renewed for a period of one year, expiring on: _____(date).

☐ Other: _____

_____

_____

☐ THE SECURITY AMOUNT FOR VIOLATION OF ANY PROVISION OF THIS ORDER OR THE ORIGINAL SEXUAL ABUSE PROTECTIVE ORDER IS $5,000 unless otherwise specified here:

$_____

☐ The Petition to Renew Sexual Abuse Protective Order is denied and dismissed because:_____

_____

_____

_____

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)(8), as well as 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.

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.
- Possessing, receiving, shipping or transporting any firearm or firearm ammunition.

OTHER LAWS MAY ALSO APPLY TO YOU

Whether or not a Sexual Abuse 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.

CERTIFICATE OF COMPLIANCE WITH THE VIOLENCE AGAINST WOMEN ACT

This 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 the jurisdiction. This Order is valid and entitled to enforcement in this and all other jurisdictions.

DATED this _____ day of _____, 20_____

_____
JUDGE (Signature)

_____
Print, Type or Stamp Name of Judge

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

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:

PETITION TO RENEW SEXUAL ABUSE PROTECTIVE ORDER, ORDER RENEWING SEXUAL ABUSE PROTECTIVE ORDER, NOTICE RESPONDENT / REQUEST FOR HEARING, and (list any other 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 _____

_____	)	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 SERVICE COPY
OF ORDER RENEWING PROTECTIVE ORDER.

To Respondent: The Sexual Abuse Protective Order previously issued by the court has been renewed (continued) and remains in effect. The court has found that a person in the Petitioner's situation would reasonably fear for his/her physical safety if the Order is not renewed. This renewed Order becomes effective immediately.

If you wish to contest the renewal of this Order, you must complete page 3 and mail or deliver it to

_____
(Name and Address of Court)

Requests for hearing must be made within 30 days after you receive the Order. You must include your address and telephone number with your request for a hearing. The hearing will be held within 21 days. At the hearing, a judge will decide whether the Order should be renewed. The only issue that will be considered at the hearing is the reason for the renewal unless the Petitioner agrees with your written request to hear other issues involving the Sexual Abuse Protective Order.

Keep in mind that the Order you have received is in effect and remains in effect until the court that issued the Order modifies or terminates it or until it expires. 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 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 this Order, or any order 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 sanctions 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)(8), as well as 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.

While this Order, or any Order changing this Order, is in effect, federal law may prohibit you:

- 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 your purpose of violating the Order.
- Possessing, receiving, shipping, or transporting any firearm or firearm ammunition.

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 you causing bodily injury to the Petitioner.

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**
	)	**RE: ORDER RENEWING SEXUAL ABUSE**
_____	)	**PROTECTIVE ORDER**
Respondent	)	
(full name of person to be restrained)	)	

I am the Respondent in the above-referenced action and I request a hearing to contest all or part of the Order Renewing Sexual Abuse Protective Order as follows (mark one or more):

☐ The basis for the renewal.

☐ Other term(s) of the Order (please be specific): _____
_____
_____
_____

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:

☐ 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
Use Safe Contact Address Use 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. _____

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

☐ **FINDINGS:** _____
_____
_____

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 Child	Case No. _____
☐ _____	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. **<u>Relationship</u>:** 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. <u>Notice and Opportunity to Participate</u>:**

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

☐ **C. <u>Terms of Order</u>:**

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

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.***

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: _____