

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

Petitioner or Petitioner-Parent/Guardian of Minor
Child

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

Case No. _____

**NOTICE TO RESPONDENT /
REQUEST FOR LESS RESTRICTIVE
ORDER**

v.

(Sexual Abuse Protective Order)

Respondent (full name of person to be restrained)

ORS 163.775

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:

**Multnomah County Circuit Court
Family Law Department – Room 211
1021 SW 4th Avenue
Portland, Oregon 97204**

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 Only By Respondent)

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

Petitioner or Petitioner-Parent/Guardian of Minor
Child

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

Case No. _____

**REQUEST FOR HEARING ON
LESS RESTRICTIVE ORDER**

v.

ORS 163.775

Respondent *(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