

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

\_\_\_\_\_  
Petitioner (See CIF) )  
(name of person to be protected) (date of birth) )

by and through his/her Guardian Petitioner: )  
\_\_\_\_\_  
(name of Guardian Petitioner) )

v. )

\_\_\_\_\_  
Respondent (See CIF) )  
(person to be restrained) (date of birth) )

**PETITIONER'S/ GUARDIAN PETITIONER'S  
MOTION AND AFFIDAVIT IN SUPPORT  
OF DISMISSAL**  
(Elderly Persons and Persons With Disabilities  
Abuse Prevention Act)

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

**MOTION AND AFFIDAVIT**

Comes the  Petitioner  Guardian Petitioner, \_\_\_\_\_, and  
moves court for an order allowing the voluntary withdrawal and dismissal of the Restraining Order to Prevent  
Abuse of Elderly Person or Person with Disabilities on file herein based on the following: \_\_\_\_\_

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

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

**PETITIONER'S/GUARDIAN PETITIONER'S MOTION AND AFFIDAVIT IN SUPPORT OF DISMISSAL**

**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.

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Petitioner's/Guardian Petitioner's Signature

Print Name

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Address

Use **safe** contact address

City,

State, Zip

Telephone/Contact Telephone

Use **safe** contact number