

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

Petitioner (name of person to be protected)
 by and through his/her Guardian Petitioner:

(name of Guardian Petitioner)
v.

Respondent (person to be restrained)

(See CIF))
(date of birth))
)
)
)
)
(See CIF))
(date of birth))
)

**PETITIONER’S/ GUARDIAN PETITIONER’S
MOTION AND AFFIDAVIT IN SUPPORT
OF ORDER OF DISMISSAL**
(Elderly Persons and Persons With Disabilities
Abuse Prevention Act - Sweepstakes)
Case No. _____

Comes now Petitioner Guardian Petitioner, _____, and moves this 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: _____

DATED this ___ day of _____, 20__.

Signature of Petitioner Guardian Petitioner

Print or Type Name of Petitioner Guardian Petitioner

STATE OF OREGON)
County of _____)

This instrument was acknowledged before me this _____ day of _____, 20__ by

(Print Name of Petitioner or Guardian Petitioner)

NOTARY PUBLIC FOR OREGON/COURT CLERK
My commission expires: _____

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