

**NOTICE OF STATUTORY RESTRAINING ORDER PREVENTING THE DISSIPATION OF ASSETS  
IN DOMESTIC RELATIONS ACTIONS**

REVIEW THIS NOTICE CAREFULLY. **BOTH PARTIES MUST OBEY EACH PROVISION OF THIS ORDER TO AVOID VIOLATION OF THE LAW.** SEE INFORMATION ON YOUR RIGHTS TO A HEARING BELOW.

**TO THE PETITIONER AND RESPONDENT:**

PURSUANT TO ORS 107.093 and UTCR 8.080, Petitioner and Respondent are restrained from:

- (1) Canceling, modifying, terminating or allowing to lapse for nonpayment of premiums any policy of health insurance, homeowner or renter insurance or automobile insurance that one party maintains to provide coverage for the other party or a minor child of the parties, or any life insurance policy that names either of the parties or a minor child of the parties as a beneficiary.
- (2) Changing beneficiaries or covered parties under any policy of health insurance, homeowner or renter insurance or automobile insurance that one party maintains to provide coverage for the other party or a minor child of the parties, or any life insurance policy.
- (3) Transferring, encumbering, concealing or disposing of property in which the other party has an interest, in any manner, without written consent of the other party or an order of the court, except in the usual course of business or for necessities of life.
  - (A) Paragraph (3) does not apply to payment by either party of:
    - (i) Attorney fees in this action;
    - (ii) Real estate and income taxes;
    - (iii) Mental health therapy expenses for either party or a minor child of the parties; or
    - (iv) Expenses necessary to provide for the safety and welfare of a party or a minor child of the parties.
- (4) Making extraordinary expenditures without providing written notice and an accounting of the extraordinary expenditures to the other party.
  - (A) Paragraph (4) does not apply to payment by either party of expenses necessary to provide for the safety and welfare of a party or a minor child of the parties.

AFTER FILING OF THE PETITION, THE ABOVE PROVISIONS ARE IN EFFECT IMMEDIATELY UPON SERVICE OF THE SUMMONS AND PETITION UPON THE RESPONDENT. IT REMAINS IN EFFECT UNTIL A FINAL DECREE OR JUDGMENT IS ISSUED, UNTIL THE PETITION IS DISMISSED, OR UNTIL FURTHER ORDER OF THE COURT.

**PETITIONER'S/RESPONDENT'S RIGHT TO REQUEST A HEARING**

Either petitioner or respondent may request a hearing to apply for further temporary orders, or to modify or revoke one or more terms of the automatic mutual restraining order, by filing with the court the Request for Hearing form specified in Form 8.080.2 in the UTCR Appendix of Forms.

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

In the Matter of  the Marriage of: )  
 )  
\_\_\_\_\_, )  
Petitioner, )  
and )  
\_\_\_\_\_, )  
Respondent. )

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

REQUEST FOR HEARING RE:  
STATUTORY RESTRAINING ORDER  
(ORS 107.093(4); UTCR 8.080)

1. I am the  Petitioner  Respondent in the above-referenced action, and I request a hearing to:
- A. Apply for further temporary orders (*specify in detail; attach additional sheets if necessary*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. Modify or revoke the following term/s of the statutory restraining order:
- i. Paragraph 1.  Revoke or  Modify as follows (*explain*): \_\_\_\_\_  
\_\_\_\_\_
- ii. Paragraph 2.  Revoke or  Modify as follows (*explain*): \_\_\_\_\_  
\_\_\_\_\_
- iii. Paragraph 3.  Revoke or  Modify as follows (*explain*): \_\_\_\_\_  
\_\_\_\_\_
- iv. Paragraph 4.  Revoke or  Modify as follows (*explain*): \_\_\_\_\_  
\_\_\_\_\_

2. I  will  will not be represented by an attorney at the hearing.

**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:**

Petitioner  Respondent, Signature \_\_\_\_\_ Print Name \_\_\_\_\_

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

**Certificate of Mailing.** I certify that I mailed a copy of this Request for Hearing by U.S. Mail with postage paid to the other party, or the other party's attorney, at the following address: \_\_\_\_\_  
\_\_\_\_\_ on the following date: \_\_\_\_\_.

**I certify this is a true copy:**

Petitioner  Respondent, Signature \_\_\_\_\_ Print Name \_\_\_\_\_  Petitioner  Respondent, Signature \_\_\_\_\_