

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.) **TERMINATION ORDER**
) (Sexual Abuse Protective Order)
)
Respondent)
(full name of person to be restrained))

ORDER

Petitioner's Motion for Termination is:

Granted (*LEDS Staff CPO*) Denied Other: _____

IT IS SO ORDERED this _____ day of _____, 20____.

JUDGE (Signature)

Print, Type or Stamp Name of Judge

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.
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Submitted by:

Print Name, Petitioner Attorney for Petitioner OSB No. (*if applicable*)

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Use a **Safe** Contact address Use a **Safe** Contact number