

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.) **PETITIONER'S MOTION AND DECLARATION**
) **FOR LESS RESTRICTIVE TERMS**
) (Sexual Abuse Protective Order)
)
Respondent) *EX PARTE*
(full name of person to be restrained))

MOTION AND DECLARATION

Petitioner, _____, being first duly sworn, asks that the Court make the sexual abuse protective order LESS RESTRICTIVE by allowing the Respondent to:

come to the **following locations**: (*List any special terms about days, times, purposes, etc.*) _____

have **contact with me**: (*check all that you want allowed that are currently not allowed*)
 in person (*List any special terms about days, times, locations, purposes, etc.*) _____

by mail, e-mail, commercial or other electronic transmission: (*List any special terms about days, times, locations, purposes, etc.*) _____

by telephone, including cell phone and text messaging (*List any special terms about days, times, locations, purposes, etc.*): _____

through the third parties listed below, but only in the methods I have checked:
 in person by mail, or e-mail, or other electronic transmission
 by telephone, including cell phone and text messaging

(List the third parties and any special terms about days, times, locations, purposes, etc.): _____

(List any other less restrictive terms):

I want these changes because: _____

STATEMENT OF POINTS AND AUTHORITIES

On a showing of good cause, Oregon Laws 2013, chapter 687, section 7(2) (HB 2779) authorizes the court modify a Sexual Abuse Protective Order on Petitioner's ex parte request to make terms less restrictive.

I ASK THE COURT TO ORDER MY REQUESTS AS INDICATED ABOVE.

I hereby declare that the above statement is true to the best of my knowledge and belief. I understand it is made for use as evidence in court and is subject to penalty for perjury.

Date

Signature of Petitioner

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
Use **Safe** Contact Address

City, State, Zip

Telephone or Contact Telephone Number
Use **Safe** Contact Number