

TO PETITIONER AND RESPONDENT: NOTICE OF HEARING

The Court has scheduled a hearing as follows:

Date: _____ Time: _____ Courtroom: _____

(To Be Completed by Court Staff Only)

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.)

ORDER TO SHOW CAUSE

RE: MODIFYING SEXUAL ABUSE PROTECTIVE

ORDER (Sexual Abuse Protective Order)

_____)

Respondent)

(full name of person to be restrained))

ORDER

TO: _____, Petitioner Respondent:

IT IS HEREBY ORDERED:

A. PERSONAL APPEARANCE

You must appear in person before the court, on the date and time listed on the top center of the first page of this document, to show cause why an order should not be entered modifying the Sexual Abuse Protective Order previously entered in this matter on _____ (date original order was issued), and granting the relief requested in the attached Motion.

B. WRITTEN RESPONSE

You must appear by written response within thirty (30) days after this order was served on you, to show cause why an order should not be entered granting the relief requested in this Motion.

C. MOTION DENIED _____

Dated: _____

JUDGE (Signature)

Print, Type or Stamp Name of Judge

ORDER TO SHOW CAUSE RE: MODIFYING SEXUAL ABUSE PROTECTIVE ORDER -

NOTICE
READ THESE PAPERS CAREFULLY

IF YOU FAIL TO APPEAR AT THE SCHEDULED HEARING, THE COURT MAY GRANT THE RELIEF REQUESTED. IF YOU HAVE ANY QUESTIONS, YOU SHOULD SEE AN ATTORNEY IMMEDIATELY.

RELEVANT DATA

PETITIONER: _____ Female Male
Name

Residence/Contact Address (Use a **safe** address):

Number, Street and Apt. Number (*if applicable*)

City County State Zip
Telephone/Contact Telephone Number _____ (Use **safe** contact number)
Birth Date _____ (see box below) Age _____ Race/Ethnicity _____
Height _____ Weight _____ Eye Color _____ Hair Color _____

*****Respondent will receive a copy of this information.** If you wish to have your residential address or telephone number withheld from Respondent, use a contact address in the state where you reside or a contact telephone number so the Court and the Sheriff can reach you if necessary. Please check for mail at this address frequently.
You will need to fill out a Request to Segregate Protected Personal Information and a Segregated Information Sheet if you do not want to include certain information ("protected personal information") on this form. Information that can be protected includes birth dates. Where that information would otherwise appear on this form, you must note that the information has been separately provided under UTCR 2.100. You can ask the court clerk how to get the forms you need.

RESPONDENT: _____ Female Male
Name

Residence Address _____
Telephone Number _____
Birth Date _____ Age _____ Race/Ethnicity _____
Height _____ Weight _____ Eye Color _____ Hair Color _____

**PLEASE FILL OUT THIS INFORMATION
TO AID IN SERVICE OF THE SEXUAL ABUSE PROTECTIVE ORDER**

Where is the Other Party most likely to be located?

- Residence Hours _____ Address _____
- Employment Hours _____ Address _____
- Other Hours _____ Address _____

Description of Vehicle _____

Is there anything about the other party's character, past behavior, or the present situation that indicates that he or she may be a **danger** to others? to him/herself? EXPLAIN: _____

Does the other party have any **weapons, or access to weapons**? EXPLAIN: _____

Has the other party ever been arrested for or convicted of a **violent crime**? EXPLAIN: _____