

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)) **PETITION TO RENEW SEXUAL ABUSE**
v.) **PROTECTIVE ORDER**
) (Sexual Abuse Protective Order)
)
Respondent)
(full name of person to be restrained))

NOTICE TO PETITIONER

You must provide complete and truthful information. If you do not, the court may dismiss your restraining order and may also hold you in contempt of court.

NOTICE TO PETITIONER

You may keep certain information (“protected personal information”) out of any papers you file or submit to the court. You may instead, provide that information in a Segregated Information Sheet. “Protected Personal Information” includes social security number; date of birth; former legal names, driver license numbers. It also applies to information about a party or a party’s child. On the document where that protected personal information would otherwise appear, you must note that the information has been separately provided under **UTCRC 2.100.**

I am the Petitioner and I state the following information is true:

1. I reasonably fear for my physical safety if the Sexual Abuse Protective Order is not renewed because:
(state why you are afraid if the Sexual Abuse Protective Order is not renewed. IMPORTANT: If there have been new acts of abuse, the Judge will want to know about them. You do not need to show new acts of sexual abuse since the original Sexual Abuse Protective Order was issued.)

I hereby ask the court to issue an Order renewing the Protective Order in this matter that was originally signed on _____, 20____ (date of *original* order) for a period of one year, and continuing the security amount set forth in the original protective order or in such other amount as the court deems appropriate.

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

Print or Type Name 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 a **Safe** Contact address

City, State, Zip

Telephone or Contact Telephone Number
Use a **Safe** Contact number