



2. **WITHIN THE LAST 180 DAYS\*\*, RESPONDENT HAS** (check all that apply):

- A. Caused me bodily injury.
- B. Attempted to cause me bodily injury.
- C. Placed me in fear of imminent bodily injury.
- D. Caused me to engage in involuntary sexual relations by force or threat of force

**\*\*THE 180 DAY PERIOD CAN BE INCREASED BY THE AMOUNT OF TIME RESPONDENT WAS IN JAIL, IN PRISON, OR LIVED MORE THAN 100 MILES FROM YOUR HOME:**

- The Respondent was incarcerated from \_\_\_\_\_ to \_\_\_\_\_.
- The Respondent lived more than 100 miles from my home from \_\_\_\_\_ to \_\_\_\_\_ (date).

3. **DESCRIBE THE INCIDENT(S) OF ABUSE THAT HAPPENED IN THE LAST 180 DAYS:**  
**Describe how Respondent hurt or threatened to hurt you, starting with the most recent incident:**

Date: \_\_\_\_\_, County/State: \_\_\_\_\_: \_\_\_\_\_

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Date: \_\_\_\_\_, County/State: \_\_\_\_\_: \_\_\_\_\_

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Date: \_\_\_\_\_, County/State: \_\_\_\_\_: \_\_\_\_\_

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Additional pages attached labeled “*Paragraph 3: Description of Abuse*”

4. Are there incidents other than those described above in which the Respondent has hurt or threatened to hurt you **before the 180 day period above**? If yes, explain:

**Describe how Respondent hurt or threatened to hurt you, starting with the most recent incident:**

Date: \_\_\_\_\_, County/State: \_\_\_\_\_: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_, County/State: \_\_\_\_\_: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_, County/State: \_\_\_\_\_: \_\_\_\_\_

\_\_\_\_\_

Additional pages attached labeled "*Paragraph 4: Additional Abuse*"

5. I am in imminent danger of further abuse by Respondent and the Respondent is a threat to my physical safety or the physical safety of my child/ren because: \_\_\_\_\_

\_\_\_\_\_

6. **IN ANY OF THE ABOVE INCIDENTS OR OTHER INCIDENTS OF ABUSE:**

A. Were you injured?  Yes  No Describe: \_\_\_\_\_

\_\_\_\_\_

B. Did you seek medical treatment?  Yes  No Describe: \_\_\_\_\_

\_\_\_\_\_

C. Were weapons involved?  Yes  No Describe: \_\_\_\_\_

\_\_\_\_\_

D. Were drugs or alcohol involved?  Yes  No Describe: \_\_\_\_\_

\_\_\_\_\_

E. Were the police called?  Yes  No Who was arrested? \_\_\_\_\_

\_\_\_\_\_

7.  The Respondent has access to firearms now, or I am concerned about his/her getting firearms.

I want the Respondent ordered not to possess or purchase firearms or ammunition because (*explain how your and/or your children's safety and welfare are affected by Respondent's possession of firearms*):

\_\_\_\_\_

\_\_\_\_\_

8.  There is another  **restraining order** and/or  **stalking order** between Respondent and me:  
 \_\_\_\_\_ County, State of \_\_\_\_\_, Case # \_\_\_\_\_
9.  There is another **court case** between Respondent and me for divorce/dissolution, annulment, legal separation, or paternity in: \_\_\_\_\_ County, State of \_\_\_\_\_, Case # \_\_\_\_\_.
10.  I need an order requiring Respondent to **move from my residence**. (*Check all that apply.*)  
 The residence is  *solely in my name*, or  *jointly owned*, or  *jointly leased* by me and Respondent, or  *jointly rented* by me and Respondent, or  Respondent is my spouse/registered domestic partner.
11.  I request that Respondent pay me **emergency monetary assistance** (one time payment) to help me and/or my child/ren in the amount of \$ \_\_\_\_\_ for (*describe why needed*): \_\_\_\_\_

**JOINT CHILD/REN**

**12. THE CHILD/REN OF RESPONDENT AND ME WHO ARE UNDER THE AGE OF 18:**

Name	Age	Birthdate	Gender/Sex
		SEE CIF	

Additional pages attached labeled “*Paragraph 12: Joint Child/ren*”

13. The child/ren are now living with \_\_\_\_\_  
 at \_\_\_\_\_ (address or use a safe contact address). For how long? \_\_\_\_\_

14. Where have the child/ren listed in Paragraph 12 above lived for the last five years and with whom (starting with the most recent location)?

Child’s Name	Lived With	From (date)	To (date)	County & State

Additional pages attached labeled “*Paragraph 14: Child/ren-Past 5 Years*”

15.  My child/ren have lived in Oregon for the last 6 months.  
 My child/ren have NOT lived in Oregon for the last 6 months BUT my child/ren and I are now living in Oregon and I want the Court to award me custody because of an EMERGENCY. Describe the emergency:

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16. If you and Respondent are unmarried, has legal paternity of your child/ren been established?  Yes  No  
If yes, in what way?  Birth Certificate  Child Support Proceeding  Voluntary Acknowledgment  
 Paternity Lawsuit  Other: \_\_\_\_\_

17. Is there another court order (other than child support) now in effect concerning any of the child/ren listed above?  Yes  No If yes: Date of Order: \_\_\_\_\_ Case #: \_\_\_\_\_  
Filed in \_\_\_\_\_ County, State of \_\_\_\_\_

18. A. I have not participated as a party, witness or in any other capacity in any other proceeding concerning the custody, parenting time or visitation of the child/ren listed EXCEPT: \_\_\_\_\_

B. I know of no other proceeding that could affect this case (including any other legal case for custody/parenting time enforcement or relating to domestic violence, protective orders, termination of parental rights and adoptions) in this or any other state EXCEPT: \_\_\_\_\_

C. I know of no one, other than Respondent, who has physical custody of the child/ren or who claims custody, parenting time or visitation rights with the child/ren EXCEPT: \_\_\_\_\_

19.  I believe that I will need the assistance of a peace officer to regain custody of my child/ren from the Respondent. The address(es) where the child/ren can most likely be found are listed on the proposed Order. I believe the child/ren are most likely to be found there because: \_\_\_\_\_

20.  The Department of Human Services (Child Welfare) is involved with my child/ren.  
Explain: \_\_\_\_\_

#### NOTICE TO PETITIONER

**You must notify the court of any change of address/contact address or telephone number/contact telephone number. All notices of hearing will be sent to this address and the court may dismiss the restraining order if you do not appear at a hearing.**

*If you wish to have your residential address or telephone number withheld from Respondent, use a "contact address" and "contact telephone number" so the Court and the Sheriff can reach you if necessary.*

**I ASK THE COURT TO ORDER MY REQUESTS AS MARKED ON THE RESTRAINING ORDER.**

I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use as evidence in court and are subject to penalty for perjury.

\_\_\_\_\_  
Signature of Petitioner

STATE OF OREGON                    )  
  )  
County of \_\_\_\_\_)

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_  
(Print Name of Petitioner)

\_\_\_\_\_  
NOTARY PUBLIC FOR OREGON/COURT CLERK

My commission expires: \_\_\_\_\_

**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