

# CHANGING A FAMILY ABUSE PREVENTION ACT (FAPA) RESTRAINING ORDER

## INSTRUCTIONS

**Procedures vary from court to court. Please check with your local court for filing instructions.**

### IMPORTANT NOTE

#### *INFORMATION THAT MUST BE KEPT CONFIDENTIAL*

You must keep certain information (“confidential personal information”) out of any papers you file or submit to the court and, instead, provide that information in a Confidential Information Form (CIF). “Confidential Personal Information” includes social security number; date of birth; former legal names, driver license numbers; and employer’s name, address, and telephone number. It also applies to information regarding a party or a party’s child. On the pleading or document where that confidential personal information would otherwise appear, you must note that the information has been separately provided under [UTCR 2.130](#).

#### **Relevant Rules and Forms**

[UTCR 2.130](#). – Family Law Confidential Information Forms

[UTCR Form 2.130.1](#) – Family Law Confidential Information Form

[UTCR Form 2.130.2](#) – Notice of Filing Confidential Information Form

### MAY I GET A RESTRAINING ORDER CHANGED?

Yes, but only certain terms may be changed. Those are: 1) the custody and parenting time of the children; 2) respondent’s removal from the home, 3) respondent’s restrictions from other premises, or 4) contact by the respondent in-person, by telephone, or by mail. A person can ask for these changes any time after the end of the 30 day period the respondent has to request a hearing (as long as the order has not expired or been dismissed by a judge).

<b>Modification of a Restraining Order</b>			
	If you want to change custody or parenting time:	If you want <i>less</i> restrictive terms about removal from the home, restraint from premises, or contact:	If you want <i>more</i> restrictive terms about removal from the home, restraint from premises, or contact:
If you are the Petitioner:	<b>USE:</b> Motion, Affidavit and Order to Show Cause re: Modifying Restraining Order in Packet #2.	<b>USE:</b> Petitioner’s Motion and Affidavit for Less Restrictive Terms; and the Notice to Respondent/ Request for Hearing for Less Restrictive Terms in Packet #2.	<b>USE:</b> Motion, Affidavit and Order to Show Cause re: Modifying Restraining Order in Packet #2.
If you are the Respondent:	<b>USE:</b> Motion, Affidavit and Order to Show Cause re: Modifying Restraining Order in Packet #2.	<b>USE:</b> Motion, Affidavit and Order to Show Cause re: Modifying Restraining Order in Packet #2.	<b>USE:</b> Motion, Affidavit and Order to Show Cause re: Modifying Restraining Order in Packet #2.

## **HOW DO I ASK FOR A CHANGE TO THE RESTRAINING ORDER?**

The judge may sign an order at the Petitioner's request making terms less restrictive without requiring a hearing. The Respondent, however, may request a hearing.

If you fill out the Motion, Affidavit and Order to Show Cause re: Modifying Restraining Order, the judge will sign an order for the other party to appear. Some courts set a hearing when you file the papers. Some courts do not set a hearing until the other person has been served and given 30 days to respond. Check with the court clerk of the county that issued the order to be sure you follow the right process.

## **WHAT HAPPENS NEXT?**

After you file your papers, court staff will make copies for you. You will need to have one of the copies personally given to the other person by a sheriff, a private process server, or any mentally competent person who is 18 or older, as long as the server lives in the state where the papers are served. You cannot serve the papers yourself. The server is required to complete and file with the court a declaration of service. There is a form in the packet, but some servers use their own forms.

If your local court sets a hearing, it is very important for you to attend, or the judge may dismiss your request. **Be sure the court always has your current contact addresses and contact phone numbers so you get notice of any hearing.**

If your packet includes an Order After Hearing form, you should take it to the hearing. The judge will need to write down his/her decision on the form and sign it. If you cannot go to the hearing due to an emergency, call the court clerk right away. If you have requested these changes in a court that does not schedule a hearing, please contact the court clerk to make sure you are following the correct procedures.

If your local court does not set a hearing until the other party has responded, and the other party has NOT filed a response within 30 days after getting the papers, it is your responsibility to turn in the Order After Hearing form for the judge to sign. The court clerk can tell you where to file the order.

## **DO I NEED A LAWYER?**

If you have questions about how the law works or what it means, you may need to talk to a lawyer. You are not required to have a lawyer to change the restraining order, but you can have a lawyer represent or help you if you wish. If you need help finding a lawyer, you may call the Oregon State Bar's Lawyer Referral Service at 503.684.3763 or 800.452.7636. If you believe you cannot afford a lawyer, ask court staff if your area has a legal services (legal aid) program that might help you.

## **WHAT IF I NEED AN ACCOMMODATION OR AN INTERPRETER?**

If you have a disability and need accommodation, or you are unable to speak English and need a foreign language interpreter, you must tell the court as soon as possible, but at least four days before your hearing. Tell the clerk that you have a disability and what type of assistance you need or prefer, or which language you speak.

**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 \_\_\_\_\_

\_\_\_\_\_ See CIF ) Case No. \_\_\_\_\_  
Petitioner (date of birth) )

(full name of person who asked for restraining order), )

v. )

PETITIONER'S  RESPONDENT'S  
**MOTION, AFFIDAVIT, and ORDER TO SHOW CAUSE**  
**RE: MODIFYING RESTRAINING ORDER**  
(Family Abuse Prevention Act)

\_\_\_\_\_ See CIF )  
Respondent (date of birth) )  
(full name of person restrained). )

**MOTION**

I,  Petitioner  Respondent, request the court to issue an Order to Show Cause requiring  Petitioner  Respondent to appear in Circuit Court in the \_\_\_\_\_ County Courthouse in \_\_\_\_\_, Oregon to show cause why this court should not grant the following relief:

I request the following changes be made regarding  custody  parenting time of the parties' joint minor child/ren listed below:

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NAME OF CHILD	DATE OF BIRTH	AGE	GENDER/SEX
	SEE CIF		

I request the following changes be made regarding  respondent's removal from the house,  respondent's restrictions from other premises, or  contact by the respondent with the petitioner in-person, by telephone, or otherwise:

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I request an order for a peace officer to assist in recovering the custody of the child/ren. The most likely address(es) where the child/ren may be found is:

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**AFFIDAVIT**

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

I, \_\_\_\_\_, swear/affirm that I am the  Petitioner  Respondent in this matter, that the above statements are true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

The following facts support this motion (*please explain the reason you are requesting the changes listed above to custody and/or parenting time, removal from the home, restriction from other premises, or contact*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If asking for assistance in recovering my child/ren, I believe the child/ren are most likely at the addresses listed above in paragraph 2 of my motion because: \_\_\_\_\_

\_\_\_\_\_

Petitioner Signature Print Name  
 Respondent Signature

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

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

\_\_\_\_\_  
NOTARY PUBLIC FOR OREGON/COURT CLERK  
My commission expires: \_\_\_\_\_

**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.**

**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 Restraining 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

**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  Respondent  Attorney for Petitioner or Respondent  OSB No. (if applicable)

\_\_\_\_\_  
Address or Contact Address  
Use **safe** Contact Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone or Contact Telephone Number  
Use **safe** Contact Number

**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)

Birthdate \_\_\_\_\_ (See CIF) Age \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

\*\*\***The 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.

**RESPONDENT:** \_\_\_\_\_  Female  Male  
*Name*

Residence Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Birthdate \_\_\_\_\_ (See CIF) Age \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

**PLEASE FILL OUT THIS INFORMATION  
TO AID IN SERVICE OF THE RESTRAINING ORDER**

**Where is Other Party most likely to be located?**

Residence Hours \_\_\_\_\_ Address \_\_\_\_\_

Employment Hours \_\_\_\_\_ Address \_\_\_\_\_ (See CIF)

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: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_) )  
\_\_\_\_\_) ) Case No. \_\_\_\_\_  
Petitioner (date of birth) )  
(full name of person who asked for restraining order) )

v. )

**DECLARATION OF PROOF OF SERVICE**  
(Family Abuse Prevention Act)

\_\_\_\_\_) )  
Respondent (date of birth) )  
(full name of person restrained) )

I, (name) \_\_\_\_\_, declare that I am a resident of the  
County of \_\_\_\_\_, State of \_\_\_\_\_.

I am a competent person 18 years of age or older, and not an attorney for, or a party to, this proceeding. I  
certify that the person served is the identical one named in this action.

On the \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_ (year), I served the following:

(List all documents served) \_\_\_\_\_  
\_\_\_\_\_

in this case upon the above-named  Petitioner  Respondent in person in \_\_\_\_\_ County,  
State of \_\_\_\_\_, at the following address: \_\_\_\_\_

\_\_\_\_\_ by delivering her/him a copy of those papers, all of which were  
certified to be a true copy of the original.

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

**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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Process Server

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print or Type Name of Process Server  
Telephone # \_\_\_\_\_

\_\_\_\_\_  
City State Zip

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Petitioner (full name of person who asked for restraining order) )  
See CIF (date of birth) ) Case No. \_\_\_\_\_  
v. )  
\_\_\_\_\_  
Respondent (full name of person restrained) )  
See CIF (date of birth) )  
**ORDER AFTER HEARING**  
 21 Day or 5 Day Hearing, After Notice  
 Exceptional Circumstances Hearing  
 Modification  Renewal Hearing  
(Family Abuse Prevention Act)

This matter came before the Court on \_\_\_\_\_, 20\_\_\_\_\_.

**PETITIONER**  
 Appeared in person or  by telephone/video  
 Was served a copy of this Order in court today  
 Did not appear  
 Attorney: \_\_\_\_\_  
OSB# \_\_\_\_\_

**RESPONDENT**  
 Appeared in person or  by telephone/video  
 Was served a copy of this Order in court today  
 Did not appear  
 Attorney: \_\_\_\_\_  
OSB# \_\_\_\_\_

**FINDINGS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Having heard the testimony, **IT IS HEREBY ORDERED THAT THE RESTRAINING ORDER OBTAINED BY PETITIONER ON \_\_\_\_\_, 20\_\_\_\_\_ IS:**

- DISMISSED** in its entirety.
- CONTINUED** in its entirety.
- RENEWED** in its entirety. The renewed restraining order expires on: \_\_\_\_\_ (date).
- CONTINUED/RENEWED but MODIFIED/AMENDED** as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The renewed restraining order expires on: \_\_\_\_\_ (date).

**IMPORTANT: Except as modified or amended, all other portions of the Restraining Order remain in effect.**

**SECURITY AMOUNT for VIOLATION OF THIS ORDER IS \$5,000** unless a different amount is specified here: OTHER SECURITY AMOUNT: \$\_\_\_\_\_

## CERTIFICATES OF COMPLIANCE WITH THE VIOLENCE AGAINST WOMEN ACT

**FIREARMS NOTIFICATION under 42 USC §3796gg-(4)(e):** As a result of this Order, it **may** be unlawful for Respondent to possess, receive, ship, transport or purchase a **firearm or ammunition** pursuant to **federal law** under 18 USC §922 (g)(8). This Order also **may** negatively affect Respondent's ability to serve in the Armed Forces of the United States or to be employed in law enforcement. [OJIN Event Code: **NOGR**]

**NOTICE TO RESPONDENT: If you have questions about whether federal or state laws make it illegal for you to possess or purchase a firearm, and/or about whether this Order will affect your ability to serve in the military or be employed in law enforcement, you should consult an attorney.**

**FIREARMS PROHIBITION:** This Order (or the original Order that is continued) prohibits Respondent from possessing FIREARMS or AMMUNITION and it is unlawful for Respondent to do so under **state law**. [OJIN Event Code: **FQOR**]

**FEDERAL FIREARMS FINDINGS (BRADY):** This Order may subject Respondent to federal prosecution for possession, receipt, shipping, transportation, or purchase of firearms or ammunition while it is in effect. [OJIN Event Code: **ORB**; LEADS Brady Code: **Y**]

The Court finds:

**A. Relationship:** The person protected by this Order is (*check at least one*):

- A spouse or former spouse of Respondent.
- The parent of Respondent's child.
- A person who does or did cohabit (live in a sexually intimate relationship) with Respondent.
- Respondent's child.
- A child of an intimate partner\* of Respondent (\*intimate partner is spouse/former spouse, cohabitant/former cohabitant, or parent of Respondent's child).

**B. Notice and Opportunity to Participate:**

The Order was issued after a hearing of which Respondent received actual notice and at which Respondent had the opportunity to participate.

**C. Terms of Order:**

The Order restrains Respondent from harassing, stalking or threatening Petitioner or Petitioner's or Respondent's child/ren or engaging in other conduct that would place Petitioner in reasonable fear of bodily injury to Petitioner or Petitioner's or Respondent's child/ren; **AND**

Respondent represents a credible threat to the physical safety of Petitioner or Petitioner's or Respondent's child/ren; **OR**

This Order by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against Petitioner or Petitioner's or Respondent's child/ren that would be reasonably expected to cause bodily injury.

**FULL FAITH AND CREDIT PROVISIONS:** This Order meets all full faith and credit requirements of the Violence Against Women Act, 18 USC §2265. This Court has jurisdiction over the parties and the subject matter. Respondent was or is being afforded notice and timely opportunity to be heard as provided by Oregon law. This Order is valid and entitled to enforcement in this and all other jurisdictions.

DATED: \_\_\_\_\_

\_\_\_\_\_  
JUDGE (Signature)

\_\_\_\_\_  
Print or Type Name of Judge



(List the third parties and any special terms re days, times, locations, purposes, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I want these changes because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF POINTS AND AUTHORITIES**

On a showing of good cause, ORS 107.730(1)(b) authorizes the court to delete terms or order less restrictive terms regarding Respondent’s restraint from the Petitioner’s residence, entry onto other premises and into surrounding areas, and contact with the Petitioner when the Petitioner under the Family Abuse Prevention Act makes an ex parte request. ORS 107.718(1)(b), (g), and (i).

**Signature of Petitioner**

**Print or type name 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: \_\_\_\_\_

**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 CIF) Age \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

\*\*\***The 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.

**RESPONDENT:** \_\_\_\_\_  Female  Male  
*Name*

Residence Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Birth Date \_\_\_\_\_ (See CIF) Age \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

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**PLEASE FILL OUT THIS INFORMATION  
TO AID IN SERVICE OF THE RESTRAINING ORDER**

**Where is Other Party most likely to be located?**

Residence Hours \_\_\_\_\_ Address \_\_\_\_\_

Employment Hours \_\_\_\_\_ Address \_\_\_\_\_ (See CIF)

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:** \_\_\_\_\_

**ORDER**

Motion Granted    Motion Denied    Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IT IS SO ORDERED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
JUDGE (Signature)

\_\_\_\_\_  
Print, Type, or Stamp Name of Judge

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**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                                      City, State, Zip                                      Telephone or Contact Telephone Number  
Use a **Safe** Contact address                                      Use a **Safe** Contact number

Notice to Respondent

- All terms of the Restraining Order previously ordered remain in effect, except as changed here. The changes are effective now.
- Violation of this Restraining Order may result in your arrest and in civil and/or criminal penalties. Review this order carefully.
- An attached Notice informs you that you may request a hearing if you DISAGREE with any of these less restrictive terms.



**REQUEST FOR HEARING**  
(To Be Completed By Respondent Only)

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
COUNTY OF \_\_\_\_\_

	See CIF	)	Case No. _____
Petitioner	(date of birth)	)	
(full name of person who asked for restraining order)		)	
		)	<b>REQUEST FOR HEARING</b>
v.		)	<b>On LESS RESTRICTIVE ORDER</b>
		)	
	See CIF	)	(Family Abuse Prevention Act)
Respondent	(date of birth)	)	
(full name of person restrained)		)	

I am the Respondent in this case. **I disagree with how the restraining order has been made less restrictive.**  
I want a hearing and I will be objecting to: *(check all that apply)*

- \_\_\_\_\_ The order allowing me to move back to the home
- \_\_\_\_\_ The order allowing me to go to certain locations that I was prohibited from going to before
- \_\_\_\_\_ The order allowing me to have contact with the Petitioner that was prohibited before

★ I understand that:

- Only the Petitioner’s request(s) to change the restrictions will be considered at this hearing.
- The Judge does not have the authority at this hearing to terminate (end) the order at my request

I  will  will not be represented by an attorney at the hearing. The name and Bar Number of the attorney (if known) are: \_\_\_\_\_

- I will need \_\_\_\_\_ language interpretation services at the hearing.
- I will need American’s with Disabilities Act accommodations at the hearing.

Notice of the time and place of the hearing can be mailed to me at the address below.

\_\_\_\_\_  
Respondent’s Signature

\_\_\_\_\_  
Date

**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 below:

- 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,  Respondent  Attorney for Respondent  OSB No. *(if applicable)*

\_\_\_\_\_  
Address or Contact Address City, State, Zip Telephone or Contact Telephone Number

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR \_\_\_\_\_ COUNTY

\_\_\_\_\_  
Petitioner  
  
and  
  
\_\_\_\_\_  
Respondent

)  
)  
) Case No.: \_\_\_\_\_  
)  
)

**NOTICE OF FILING OF**  
 **CONFIDENTIAL INFORMATION FORM (CIF)**  
 **AMENDED CIF**  
**in a FAPA CASE**

**NOTICE: Confidential Information Form (CIF) Has Been Filed**

- Uniform Trial Court Rule (UTCRC) 2.130 requires that parties to domestic relations cases place certain information about themselves and other parties in a CIF when such information is required in a document filed with the court.
- The CIF is not available for public inspection except as authorized by law.
- Parties are allowed to see a CIF that contains information about them.
- A party who wants to see a CIF that contains information about the other party must ask for permission from the other party or the court by following the procedures set out in UTCRC 2.130. However, UTCRC 2.130(10)(c) requires the court to deny such a motion in situations that include cases in which a restraining order or other protective order is in effect that protects the party or the party's children from the person requesting inspection of the CIF.

**I am the (check one box):**

Petitioner  Respondent

**I filed Confidential Information Forms with the court about the following parties to this case (complete a section for each party for whom you have filled out a CIF):**

1)  Petitioner:

Name (Last, First, Middle): \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

party's date of birth  children's date of birth

2)  Respondent:

Name (Last, First, Middle): \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

party's date of birth,  children's date of birth,  employer's name, address, and telephone number.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Contact Telephone

**NOTICE TO PETITIONERS RECEIVING ELECTRONIC NOTICE  
ABOUT SERVICE OR EXPIRATION OF RESTRAINING ORDERS:**

USE THIS FORM IF:

- You have already provided your e-mail address and/or cell phone-number to the sheriff's office in the county where your restraining order was issued so that you could receive electronic notice when your restraining order has been served, and another message 30 days before the Order expires;

AND

- You have had a change in your e-mail address or cell phone number.

**The information below must be provided to the Sheriff's office in the county where the Restraining Order was obtained.**

**DO NOT FILE THIS FORM WITH THE COURT.**

*If your contact address or phone number has changed, you must separately inform the court where you obtained this Order.*

A common time for use of this form is when you are RENEWING or MODIFYING your restraining order; *however, this form should be used ANYTIME a restraining order is in effect and you have changed your e-mail address or cell phone number and still want to receive electronic notice from the Sheriff's Office about service or expiration.*

*This is voluntary—you are not required to provide this information. **You are not required to participate in the electronic notice program.***

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**PETITIONER'S NOTICE TO SHERIFF'S OFFICE OF CHANGE OF CONTACT INFORMATION**

Petitioner's Name: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

Court Case #: \_\_\_\_\_

County where Order obtained: \_\_\_\_\_

Your cell phone number: \_\_\_\_\_

Your cell phone carrier (ATT, Verizon, etc.): \_\_\_\_\_

Your email address: \_\_\_\_\_