

**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:

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

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: \_\_\_\_\_