

**FORMER PROTECTED CHILD
RENEWING A FAMILY ABUSE PREVENTION ACT (FAPA)
RESTRAINING ORDER**

INSTRUCTIONS

Procedures vary from court to court. Check with your local court for filing instructions.

IMPORTANT NOTES

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 will see the words “See CIF.” Do not write anything else in these spaces. Do not add any “confidential personal information” in the forms other than what is requested.

You must file a CIF:

- About yourself. Fill out and file with the court the form [Confidential Information Form for Petitioner \(Former Protected Child\)](#) in Family Abuse Prevention Act (FAPA) Cases.

and

- About the respondent **only if his or her employment information has changed** since the original FAPA case was filed. Fill out and file with the court the form [Confidential Information Form for Respondent in Case Re: Renewal of Restraining Order \(Former Protected Child\)](#).

You also must fill out and file with the court the form [Notice of Filing Confidential Information Form \(CIF\)/Amended CIF Re: Renewal of Restraining Order \(Former Protected Child\)](#). Include a copy of this notice in the documents that are served on the respondent (person to be restrained). You also must mail a copy of the notice to the original petitioner (person who obtained original restraining order) and fill out and file with the court a [Certificate of Mailing to Original Petitioner Re: Renewal By Former Protected Child](#).

INFORMATION ABOUT NOTIFICATION OF SERVICE OF RESTRAINING ORDER

The Sheriff is required by law to give you a true copy of the proof of service that shows when the renewal of the restraining order has been served. However, if you would like to also receive an email message and/or cell phone text message advising you that your renewal of the restraining order has been served on the respondent (person restrained) and another message 30 days before the order expires, you should include this information on the Confidential Information Form (CIF) about yourself where it is requested.

CAN I RENEW A RESTRAINING ORDER?

A former minor child who was in the custody of the original petitioner (person who asked for the original restraining order), who was protected under that order, and who is now 18 years old can ask the court to renew the provisions of the restraining order protecting her or him for another year if she/he is afraid she/he may be abused by the respondent (person restrained) in the future.

HOW DO I ASK FOR MY RESTRAINING ORDER TO BE RENEWED?

If you want to renew the restraining order, fill out the forms in [Packet #4](#) and submit them to the court where the original petitioner (person who asked for the original restraining order) got the original restraining order.

WHEN CAN I ASK FOR THE RESTRAINING ORDER TO BE RENEWED?

File your request with the court sometime before the restraining order that was obtained by the original petitioner (person who asked for the original restraining order) ends. The original restraining order lasts for one year from the day it was signed by the judge. If you do not have a copy of the original restraining order, you can contact the court to ask for one. To renew the order, your papers must be filed before the original order expires. You may lose your chance to apply if you do not file before the date the original order ends.

WHAT HAPPENS NEXT?

After you file your renewal forms, the judge will decide if it is reasonable for a person in your situation to be afraid of future abuse by the respondent (person restrained) if the restraining order is not renewed. You do not have to prove that there has been any new abuse since the original order was signed. You do have to explain why you want it renewed.

If the judge grants your renewal, court staff will make copies for you. You will need to have one of the copies hand-delivered to the respondent (person restrained) 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, and the original petitioner (person who obtained the original restraining order) cannot serve the papers. The server is required to complete and file with the court a declaration of proof of service. There is a form in the packet, but some servers use their own forms. Talk to the court clerk about ways to serve the respondent.

Also, *you must mail the original petitioner a copy of the Petition and the Order Renewing Restraining Order Re: Former Protected Child at her or his contact address that is on file with the court. You must also fill out and file a [Certificate of Mailing to Original Petitioner Re: Renewal by Former Protected Child](#) with the court showing that you did this.*

The respondent (person restrained) has 30 days from the date of service to request a hearing. If the respondent does not request a hearing, the renewed restraining order will stay in effect.

If the respondent (person restrained) requests a hearing, the only issue the judge will consider is whether to continue or dismiss the restraining order. The only exceptions are if the respondent, in the hearing request forms, asks the judge to consider other issues, and you agree, or if the respondent has filed a request to modify the order.

If the respondent (person restrained) requests a hearing, it will be held within 21 days after receiving the hearing request. The court will mail you a notice of the hearing date and time or may notify you by phone. It is very important for you to give the court a reliable address and phone number where you can be contacted. If you do not appear at the hearing, your restraining order may be dismissed. **Be sure the court always has your current contact address and contact phone number so you get notice of any hearing. Use a safe contact address and contact phone number.**

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. Court staff cannot give you legal advice. You may have a lawyer represent you at the hearing but it is not required. 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 any legal services (legal aid) programs that might help you.

WHAT IF I NEED AN ACCOMMODATION OR AN INTERPRETER?

If you have a disability and need an 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.

I ask the court to issue an order renewing the parts of the Restraining Order that protected me. The renewal should be for a period of one year as marked on the Order Renewing Restraining Order Re: Former Protected Child.

I also ask that the Order Renewing Restraining Order Re: Former Protected Child continue the security amount set forth in the original restraining order or set another amount as the court deems appropriate.

Signature of Petitioner (former protected child)

Print or Type Name of Petitioner (former protected child)

STATE OF OREGON)
)
County of _____)

SIGNED AND SWORN to 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 (former protected child) 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

- Other: _____
- THE SECURITY AMOUNT FOR VIOLATION OF ANY PROVISION OF THIS ORDER OR THE ORIGINAL RESTRAINING ORDER IS \$5,000 unless otherwise specified here: \$ _____
- The Petition to Renew Restraining Order Re: Former Protected Child (FPC) is dismissed because:
 - The Petitioner (FPC) did not establish a claim for relief because: _____
 - The Petitioner (FPC) did not appear at the time set for the *ex parte* hearing on his/her petition.
 - Other: _____

FIREARMS PROHIBITIONS MAY APPLY TO YOU!

As a result of this Order, or any Order continuing or changing this Order, it may be unlawful for you to possess or purchase a firearm, including, a rifle, pistol, or revolver, or ammunition pursuant to federal law under 18 U.S.C. § 922(g)(8), as well as state and local law. If you have any questions whether these laws make it illegal for you to possess or purchase a firearm, you should consult an attorney.

You may also be subject to further restrictions and prohibited from:

- Traveling across state lines or tribal land lines with the intent to violate this Order and then violating this Order.
- Causing the Petitioner to cross state lines or tribal land lines for the purpose of violating the Order.
- Possessing, receiving, shipping or transporting any firearm or firearm ammunition.

OTHER LAWS MAY ALSO APPLY TO YOU

Whether or not a Restraining Order is in effect, federal law may prohibit you from:

- Traveling across state lines or tribal land lines with the intent to injure the Petitioner and then intentionally committing a crime of violence causing bodily injury to the Petitioner.
- Causing the Petitioner to travel across state lines or tribal land lines if your intent is to cause bodily injury to the Petitioner or if the travel results in your causing bodily injury to the Petitioner.

**CERTIFICATE OF COMPLIANCE
WITH THE VIOLENCE AGAINST WOMEN ACT**

This protective Order meets all full faith and credit requirements of the Violence Against Women Act, 18 U.S.C. 2265. This court has jurisdiction over the parties and the subject matter. The Respondent is being afforded notice and timely opportunity to be heard as provided by the law of the jurisdiction. This Order is valid and entitled to enforcement in this and all other jurisdictions.

DATED this ____ day of _____, 20_____

JUDGE (Signature)

Print, Type or Stamp Name of Judge

Submitted by:

Print Name Petitioner(FPC) Attorney for Petitioner (FPC) 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

RELEVANT DATA

PETITIONER (FORMER PROTECTED CHILD):

_____ Female Male

(Your 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 _____

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: _____

Keep in mind that the order you have received is in effect and remains in effect until the court that issued the order modifies or dismisses it or until it expires. If you are arrested for violating this order, the security amount (bail) is \$5,000, unless a different amount is ordered by the court.

This order, or any order continuing or changing this order, is enforceable in every county in Oregon. It is also enforceable in all 50 states, the District of Columbia, tribal lands, and territories of the United States.

Violation of this order, or any order changing this order, constitutes contempt of court, punishable by a fine of up to \$500 or one percent of your annual gross income, whichever is greater, or a jail term of up to six months, or both. Other sanctions may also be imposed for contempt.

NOTICE:

FIREARMS PROHIBITIONS MAY APPLY TO YOU

As a result of this Order, or any Order continuing or changing this Order, it may be unlawful for you to possess or purchase a firearm, including, a rifle, pistol, or revolver, or ammunition pursuant to federal law under 18 U.S.C. § 922(g)(8), as well as state and local law. If you have any questions whether these laws make it illegal for you to possess or purchase a firearm, you should consult an attorney.

While this Order, or any Order changing this Order, is in effect, federal law may prohibit you:

- Traveling across state lines or tribal land lines with the intent to violate this Order and then violating this Order.
- Causing the petitioner to cross state lines or tribal land lines for your purpose of violating the Order.
- Possessing, receiving, shipping, or transporting any firearm or firearm ammunition.

Whether or not a Restraining Order is in effect, federal law may prohibit you from:

- Traveling across state lines or tribal land lines with the intent to injure the Petitioner and then intentionally committing a crime of violence causing bodily injury to the Petitioner.
- Causing the Petitioner to travel across state lines or tribal land lines if your intent is to cause bodily injury to the Petitioner or if the travel results in you causing bodily injury to the Petitioner.

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

Respondent's Signature

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, Respondent Attorney for 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

IN THE CIRCUIT COURT OF THE STATE OF OREGON
COUNTY OF _____

Petitioner (Former Protected Child) (date of birth) _____
(your full name)

and

Respondent (date of birth) _____
(full name of person to be restrained)

**CERTIFICATE OF MAILING TO ORIGINAL
PETITIONER RE: RENEWAL BY FORMER
PROTECTED CHILD**

Case No. _____

Original Petitioner (date of birth) _____
(full name of person who obtained original restraining order but
is not a party to this renewal request)

I, (your full name) _____, was a minor child in the custody of the original
petitioner who was protected by the order(s) in this case. I certify that on the ___ day of _____ (month),
20___ (year), I served the following documents in this case:

- Petition to Renew Restraining Order Re: Former Protected Child; and
- Order Renewing Restraining Order Re: Former Protected Child; and
- Notice of Filing of Confidential Information Form (CIF)/Amended CIF RE: Renewal of Restraining Order (Former Protected Child); and
- Any other (list each): _____

_____ on the original petitioner by mailing true copies to her/him by first class mail, in a sealed envelope, with postage prepaid, and deposited in the United States Post Office at:

_____, _____ (city and state where mailed), and that these were mailed to the following address (**use contact address that your parent who obtained the restraining order has filed with the Court**):

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 Petitioner (Former Protected Child): _____

I 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

City State Zip

Telephone # _____

IN THE CIRCUIT COURT OF THE STATE OF OREGON
COUNTY OF _____

Petitioner (Former Protected Child)
(your full name)
and

Respondent
(full name of person to be restrained)

)
)
) **CONFIDENTIAL INFORMATION FORM (CIF)**
) **FOR PETITIONER (FORMER PROTECTED**
) **CHILD) IN FAMILY ABUSE PREVENTION**
) **ACT (FAPA) CASES**
)
) **Case No.** _____
)
) _____
) Original Petitioner (full name of person who obtained
) original restraining order but is not a party to this
) renewal request.)
)

**This document is not accessible to
the public or other parties.
See UTCR 2.130**

**ATTENTION COURT STAFF: THIS IS A RESTRICTED-ACCESS
DOCUMENT. This Confidential Information Form is not available to the
opposing party or his/her attorney, or to the public; except for the state
and law enforcement. See UTCR 2.130**

The information below is about: Petitioner (Former Protected Child)

Name (Last, First, Middle): _____

The names of the parties and are NOT confidential.

Date of Birth of Petitioner (Former Protected Child): _____

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.

Date: _____ Signature: _____

Type or Print Name: _____

COMPLETED AND SUBMITTED BY: Petitioner (Former Protected Child)

NOTICE TO PETITIONER:

The Sheriff is required by law to provide you with a true copy of the proof of service which shows when the Restraining Order has been served.

If you would like to also receive an email message and/or cell phone text message advising you of when the Restraining Order has been served on the Respondent and another message 30 days before the Order expires, please provide the information requested below. This information will be given to the sheriff's office in the county where the Restraining Order was obtained.

This is voluntary—you are not required to provide this information.

Your cell phone number: _____

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

Your email address: _____

Note: If this information changes, you must notify the Sheriff's office of the new information in order to receive the notice by email or cell phone text message.

IN THE CIRCUIT COURT OF THE STATE OF OREGON
COUNTY OF _____

Petitioner (Former Protected Child)
(your full name)
and

Respondent
(full name of person to be restrained)

)
)
) **CONFIDENTIAL INFORMATION FORM (CIF)**
) **FOR RESPONDENT IN CASE RE: RENEWAL**
) **OF RESTRAINING ORDER (FORMER**
) **PROTECTED CHILD)**
) **Amended CIF**
)
) **Case No.** _____
)
) _____
) Original Petitioner (full name of person who obtained
) original restraining order but is not a party to this
) renewal request.)
)

**This document is not accessible to
the public or other parties.
See UTCR 2.130**

ATTENTION COURT STAFF: THIS IS A RESTRICTED-ACCESS DOCUMENT.
Unless ordered or authorized under UTCR 2.130, this Confidential Information Form is
not available to the opposing party or his/her attorney, or to the public, except for the
state and law enforcement.

The information below is about: Respondent

Respondent's Name (Last, First, Middle): _____

The names of the parties are NOT confidential.

Employer's Name, Address, and Telephone Number:

**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.**

Date: _____ Signature: _____

Type or Print Name: _____

Submitted by:

Petitioner (Former Protected Child) Respondent

ORDER

Motion Granted Motion Denied Other: _____

IT IS SO ORDERED this _____ day of _____, 20_____.

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 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