

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF POLK

_____ )	
Petitioner (your full name), )	
	Case No. _____
vs. )	
	PETITIONER'S MOTION AND
_____ )	ORDER OF DISMISSAL
Respondent (full name of person to be restrained). )	(Family Abuse Prevention Act)

**MOTION AND AFFIDAVIT**

Petitioner, \_\_\_\_\_, being first duly sworn, moves this court for an order allowing the Voluntary withdrawal and dismissal of the Restraining Order on file herein for the following reasons:

---



---



---



---

Statement of Points and Authorities

ORS 107.720(2) authorizes the Court to terminate a Family Abuse Prevention Act Restraining Order upon the request of the petitioner.

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

\_\_\_\_\_  
Print or Type Name of Petitioner

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

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
NOTARY PUBLIC FOR OREGON / COURT CLERK  
My Commission Expires: \_\_\_\_\_

**ORDER**

(\_\_\_\_) Motion is Granted (\_\_\_\_) Motion is Denied (\_\_\_\_) Other: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Telephone or Contact Telephone Number(s)