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

In the Matter of:

Case No. _____

_____
Petitioner

and

_____
Respondent

ORDER REGARDING REQUEST FOR ALTERNATIVE FORM OF SERVICE

Based upon the motion and declaration of the ☐ Petitioner ☐ Respondent, the request for the use of an alternative service method is hereby:

☐ allowed

☐ denied

IT IS HEREBY ORDERED that service shall be made upon the other party as follows:

☐ **By mailing.** The summons and petition shall be mailed to the other party at the following address _____ or ☐ the party's last known address by first class mail and by certified or registered mail, return receipt requested or express mail. The other party shall have _____ days to respond from the following date: the signing of the receipt of mailing (if applicable), three days after the mailing if mailed to an Oregon address, or seven days after the mailing if mailed to an out of state address, whichever comes first.

☐ **By posting.** The summons and petition shall be posted at the following location(s) _____ _____ or ☐ Washington County Courthouse for a period of four weeks. The other party shall have _____ days to respond from the date of first posting.

☐ **By publication.** The summons shall be published once a week for four consecutive weeks in _____ _____, which is a newspaper of general circulation in _____ County, state of _____.

DATED: _____

_____
Circuit Court Judge

_____
Print Name

Certificate of Document Preparation and Readiness for Judicial Signature. 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/document.

This proposed order is ready for judicial signature under UTCR 5.100 because this order is submitted ex parte as allowed by statute or rule.

Submitted by:

_____

☐ Petitioner ☐ Respondent, Signature Print Name

_____

Address or Contact Address City, State, Zip Telephone or Contact Telephone