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

| | | |
|---|---|---|
| _____ _____ | ) | |
| Petitioner (date of birth) | ) | |
| (name of person to be protected) | ) | Case No. _____ |
| ☐ by and through his/her Guardian Petitioner: | ) | |
| _____ | ) | **DECLARATION OF PROOF OF SERVICE** |
| (name of Guardian Petitioner) | ) | (Elderly Persons and Persons With |
| | ) | Disabilities Abuse Prevention Act) |
| v. | ) | |
| _____ _____ | ) | |
| Respondent (date of birth) | ) | |
| (person to be restrained) | ) | |

I am a resident of the state of Oregon or of the state of service. I am a competent person 18 years of age or older. I am not an attorney for or a party to this case, or an officer, director, or employee of any party to this case.

On the _____day of _____ *(month)*, 20_____ *(year)*, I served the Restraining Order to Prevent Abuse of Elderly Person or Person with Disabilities; the Petition for Restraining Order to Prevent Abuse; ☐ Notice to Respondent/Request for Hearing; ☐ Notice to Elderly Person or Person with Disabilities/Objections Form/Request for Hearing; ☐ and other documents (list): _____
_____
in this case upon the ☐ above-named respondent ☐ elderly or disabled person in person *(name)*: _____
_____in _____ County, State of _____
_____, by delivering to the respondent or elderly or disabled person a copy of those papers, each of which was 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: _____

_____
Signature of Process Server Print Name

_____
Address City State Zip Telephone