

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

_____) See CIF) Case No. _____
 Petitioner (date of birth))

(full name of person who asked for restraining order),)

v.)

_____) See CIF)
 Respondent (date of birth))

(full name of person restrained).)

) PETITIONER'S RESPONDENT'S
) **MOTION AND DECLARATION IN SUPPORT**
) **OF ORDER TO SHOW CAUSE**
) **RE: MODIFYING RESTRAINING ORDER**
) (Family Abuse Prevention Act)

I, Petitioner Respondent, request the court to issue an Order to Show Cause requiring Petitioner Respondent to appear in Circuit Court in the Washington County Courthouse in Hillsboro, 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		

If asking for assistance in recovering my child/ren, I believe the child/ren are most likely at the addresses listed in my motion because: _____

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 subject to penalty for perjury.

Dated: _____

 Petitioner Signature
 Respondent Signature

Print Name

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 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

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)

Date of Birth _____ (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 _____

Date of Birth _____ (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:** _____