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

_____	See CIF	)	Case No. _____
Petitioner (your name)	(date of birth)	)	
		)	
v.		)	**DECLARATION OF PROOF OF SERVICE**
		)	(Family Abuse Prevention Act)
_____	See CIF	)	
Respondent	(date of birth)	)	
(full name of person to be restrained)		)	

I, (name)_____, declare that I am a resident of the County of _____, State of _____.
I am a competent person 18 years of age or older, and not an attorney for, or a party to, this proceeding. I certify that the person served is the identical one named in this action.

On the _____ day of _____(month), 20_____ (year), I served the following:

RESTRAINING ORDER TO PREVENT ABUSE, PETITION FOR RESTRAINING ORDER TO PREVENT ABUSE, NOTICE TO RESPONDENT/REQUEST FOR HEARING, the instructions "CONTESTING A FAMILY ABUSE PREVENTION ACT RESTRAINING ORDER (FAPA)", and (list any other documents served) _____ in this case upon the above-named Respondent in person in _____County, State of _____, at the following address: _____by delivering to the Respondent a copy of those papers, all of which were 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 this _____ day of _____, 20_____.

_____	_____
Signature of Process Server	Street or P.O. Address of Process Server
_____	_____
Print Name of Process Server	City State Zip Code
_____	
Telephone #	