

REQUEST FOR HEARING
(To Be Completed By Respondent Only)

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

_____	See CIF)	Case No. _____
Petitioner	(date of birth))	
(full name of person who asked for restraining order))	
)	REQUEST FOR HEARING
v.)	RE: ORDER RENEWING RESTRAINING
)	ORDER
)	(Family Abuse Prevention Act)
)	
)	
_____	See CIF)	
Respondent	(date of birth))	
(full name of person to be restrained))	

I am the Respondent in the above-referenced action and I request a hearing to contest all or part of the Order Renewing Restraining Order as follows (mark one or more):

- The basis for the renewal.
- Other term(s) of the Order (please be specific): _____

I will will not be represented by an attorney at the hearing. The name and Bar Number of the attorney (if known) are: _____

- I will need _____ language interpretation services at the hearing.
- I will need Americans with Disabilities Act accommodations at the hearing.

Notice of the time and place of the hearing can be mailed to me at the address below.

Respondent's Signature

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, Respondent Attorney for Respondent OSB No. *(if applicable)*

Address or Contact Address City, State, Zip Telephone or Contact Telephone Number
Use Safe Contact Address Use Safe Contact Number