

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

_____))
Petitioner (date of birth))
(name of person to be protected))
 by and through his/her Guardian Petitioner:)
_____))
(name of Guardian Petitioner))
v.)
_____))
Respondent (date of birth))
(person to be restrained))

Case No. _____

**NOTICE TO RESPONDENT/
REQUEST FOR HEARING**
(Elderly Persons and Persons with Disabilities
Abuse Prevention Act—Sweepstakes)

THIS FORM MUST BE ATTACHED TO ALL COPIES OF THE RESTRAINING ORDER

TO RESPONDENT: A RESTRAINING ORDER HAS BEEN ISSUED BY THE COURT WHICH AFFECTS YOUR RIGHTS. THIS ORDER IS NOW IN EFFECT. You have a right to contest this order as set out below.

If you wish to contest the continuation of this order, you must complete this form and mail or deliver it to:

**WASHINGTON COUNTY CIRCUIT COURT
150 NORTH FIRST AVENUE
HILLSBORO, OR 97124**

Requests for hearing must be made within 30 days after you receive the order. You must include your address and telephone number with your request for a hearing. The hearing will be held within 21 days. At the hearing, a judge will decide whether the order should be canceled or changed. The only purpose of this hearing will be to determine if the terms of the court's order should be canceled, changed, or extended.

Keep in mind that this order remains in effect until the court that issued the order amends or dismisses it. It may also be renewed upon good cause shown, regardless of whether there has been a further act of abuse. If you are arrested for violating this order, the security amount (bail) is \$5,000, unless a different amount is ordered by the court. Violation of this order constitutes contempt of court and is punishable by a fine of up to \$500 or 1 percent of your annual gross income, whichever is greater, a jail term of up to six months, or both. Other sanctions may be imposed.

REQUEST FOR HEARING

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

- The Order restraining me from mailing the petitioner any sweepstakes promotion,
 - The Order requiring me to remove the petitioner from my (Respondent's) sweepstakes promotion mailing list, or placing the petitioner on a list of persons to whom sweepstakes promotions may not be mailed,
 - The Order requiring me (Respondent) to promptly refund any payment received in any form from the petitioner after the date the order is entered by the court.
 - Other: _____
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I will will not be represented by an attorney at the hearing.

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

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 below:

- 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.

Date: _____

Submitted by:

Print Name,

OSB No. (*if applicable*)

Address or Contact Address
Use a **Safe** Contact address

City, State, Zip

Telephone or Contact Telephone Number
Use a **Safe** Contact number