

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. _____

CERTIFICATE OF SERVICE BY MAIL
(Elderly Persons and Persons With
Disabilities Abuse Prevention Act—Sweepstakes)

I, _____ (name,) certify that:

1. I am the Petitioner the Guardian Petitioner, or an authorized agent for the Petitioner, the attorney for the Petitioner/Guardian Petitioner.
2. On the _____ day of _____, 20____, I caused certified true copies of the Restraining Order to Prevent Abuse, the Petition for Restraining Order to Prevent Abuse, and the Notice to Respondent/Request for Hearing in this case to be served upon the above-named Respondent by mailing said documents in a sealed envelope with the postage prepaid by first class mail and by certified mail, return receipt requested, to the Respondent at the following address:

Name of Respondent

Address of Respondent

3. The above-listed address is the address to which the Petitioner, or the elderly/disabled person on whose behalf the petition was filed, would have sent any payment for the goods or services promoted in the sweepstakes promotions described in the original Petition for Restraining Order to Prevent Abuse.

Signature Print Name

Address (Use a safe contact address) Telephone # (Use a safe contact #)