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

_____ _____	)	
Petitioner (date of birth)	)	Case No. _____
(name of person to be protected)	)	
☐ by and through his/her Guardian Petitioner:	)	**NOTICE TO ELDERLY PERSON OR**
_____	)	PERSON **WITH DISABILITIES/OBJECTIONS**
(name of Guardian Petitioner)	)	AND **REQUEST FOR HEARING**
v.	)	(Elderly Persons and Persons with Disabilities
_____ _____	)	Abuse Prevention Act—Sweepstakes)
Respondent (date of birth)	)	
(person to be restrained)	)	

THIS FORM MUST BE ATTACHED TO SERVICE COPY OF PETITION AND RESTRAINING ORDER

NOTICE TO _____ (*name of person on whose behalf the "Guardian Petitioner" is petitioning)***:**

A temporary restraining order has been issued by the court at the request of *(name of guardian petitioner)* _____ _____ against *(name of respondent)* _____. This order is effective immediately and restrains the respondent from the actions specified in the order. If you object to the continuation of this order or wish to request a hearing, you must complete this form and mail or deliver it to:

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

NOTICE OF RETAINED RIGHTS

Although this order was issued at the request of your guardian or guardian ad litem, you retain certain rights including the right to:

1. Contact and retain counsel (lawyer, attorney, legal representative)
2. Have access to your personal records
3. File objections to the restraining order
4. Request a hearing
5. Present evidence and cross-examine witnesses at any hearing (or have your lawyer, attorney or legal representative do so)

OBJECTIONS and **REQUEST FOR HEARING**

If you have objections to the restraining order, you may inform the court of them by filling out the information below and mailing it to the court at the address above. You may also request a hearing. 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 for one year, or 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.

OBJECTIONS

I,_____ (name), am the elderly person or person with disabilities who is the subject of the attached Restraining Order. I object to the Restraining Order for the following reasons (describe in detail): _____

_____

_____

_____

REQUEST FOR HEARING

☐ I request a hearing to contest all or part of the Order as follows (mark one or more):

- ☐ The Order restraining respondent from contacting or attempting to contact me.
- ☐ Other (describe parts of the order you object to and want changed): _____

_____

_____

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 below my signature.

(If you completed this document <u>without</u> the assistance of an attorney, you are required to complete truthfully the certificate below.) I certify that: (check the blank that applies)

☐ I selected this document for myself, and I completed it without paid assistance and without assistance from an attorney.

☐ I paid, or will pay, money to _____for assistance in preparing this document.

Date: _____

_____

Print Name OSB No. (*if applicable)*

_____

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

Use a **Safe** Contact address Use a **Safe** Contact number