

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. _____

**RESTRAINING ORDER
TO PREVENT ABUSE OF ELDERLY
PERSON OR PERSON WITH DISABILITIES
(Sweepstakes)**

NOTICE TO THE RESPONDENT:

- You must obey all of the provisions of this Restraining Order, even if the Petitioner contacts you or gives you permission to contact him/ her.
- Violation of this Restraining Order may result in your arrest and in civil and/or criminal penalties. This order is enforceable throughout Oregon and in every other state. Review this order carefully.
- **See the attached “NOTICE TO RESPONDENT/REQUEST FOR HEARING” for more information about your rights to a hearing.**

The court, having reviewed the petition, makes the following findings:

JUDGE’S INITIALS

- A. The Protected Person is Petitioner _____ (Name of Person to be protected) has been abused by Respondent as defined by ORS 124.005;
- B. The abuse of the Protected Person by the Respondent occurred within the last 180 days as provided in ORS 124.010;
- C. The Protected Person is in immediate danger of further abuse.

A. ____
B. ____
C. ____

IT IS HEREBY ORDERED that:

Petitioner’s/Guardian Petitioner’s Request

JUDGE’S INITIALS

1. Respondent is restrained from mailing to the Protected Person any sweepstakes promotions, effective on a date not less than 150 days from the date of this Order.

1. ____

Petitioner’s/Guardian Petitioner’s Request

JUDGE’S INITIALS

2. Respondent shall remove the Protected Person’s name from the Respondent’s sweepstakes promotion mailing list or shall place the Protected Person’s name on the Respondent’s list of persons to whom sweepstakes promotions may not be mailed.

2. ____

- 3. Respondent shall refund promptly any payment received in any form from the Protected Person after the date this Order is entered by the court. 3. _____
- 4. Other relief: _____ 4. _____
- 5. No further service is necessary because Respondent appeared in person before the court. 5. _____

IT IS FURTHER ORDERED that the SECURITY AMOUNT FOR violation of any provision of this order is \$5,000 unless otherwise specified. Other Amount: \$50,000.

The above provisions of this Restraining Order to Prevent Abuse of Elderly Person or Person with Disabilities are in effect for a period of one (1) year from the date of the judge's signature (unless renewed before it expires) or until the Order is vacated, modified, or superseded, whichever occurs first.

IT IS HEREBY ORDERED that:

The Petition for Restraining Order to Prevent Abuse of Elderly Person or Person with Disabilities is:

- Granted
- Denied because: _____

DATED this _____ day of _____, 20__.

 JUDGE'S Signature

 Print, Type or Stamp Name of Judge

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, Petitioner Guardian Petitioner Attorney for Petitioner/Guardian Petitioner 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

RELEVANT DATA

Protected Person: _____ Female Male
Name

Residence/Contact Address (Use a **safe** address):

Number, Street and Apt. Number (*if applicable*)

City County State Zip

Telephone/Contact Telephone Number _____ (Use **safe** contact number)

Birthdate _____ Age _____ Race/Ethnicity _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

*****The Respondent will receive a copy of this information.** If you wish to have your residential address or telephone number withheld from Respondent, use a contact address in the state where you reside or a contact telephone number so the Court and the Sheriff can reach you if necessary. Please check for mail at this address frequently.

RESPONDENT: _____ Female Male
Name

Residence Address _____

Telephone Number _____

Birthdate _____ Age _____ Race/Ethnicity _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

**PLEASE FILL OUT THIS INFORMATION
TO AID IN SERVICE OF THE RESTRAINING ORDER**

Where is Other Party most likely to be located?

Residence Hours _____ Address _____

Employment Hours _____ Address _____

Other Hours _____ Address _____

Description of Vehicle _____

Is there anything about the other party's character, past behavior, or the present situation that indicates that he or she may be a **danger** to others? to him/herself? EXPLAIN: _____

Does the other party have any **weapons, or access to weapons**? EXPLAIN: _____

Has the other party ever been arrested for or convicted of a **violent crime**? EXPLAIN: _____