

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

Case No: _____

Petitioner

v.

Respondent

**ORDER FOR LESS
RESTRICTIVE TERMS**

(Family Abuse Prevention Act)

The court orders that Petitioner's *Motion for Less Restrictive Terms* is:

GRANTED. The changes requested in the *Motion* are effective as of the date this *Order* is entered. All other terms of the *Restraining Order* remain in effect.

DENIED. The Restraining Order continues in effect without change.

Other: _____

- Firearms Surrender** - The prior Order was signed before January 1, 2020.
- Respondent is ordered to surrender all firearms and ammunition according to the attached *Firearms Surrender and Return Terms*, which are incorporated and made part of this *Order*. Criminal penalties apply for violation of the firearms prohibition.
 - Respondent is ordered to file a *Declaration of Firearms Surrender* with any required attachments according to the *Firearms Surrender and Return Terms*

Judge Signature:

Certificate of Readiness

This proposed order is ready for judicial signature because it is submitted **ex parte** as allowed by statute or rule

Submitted by: Petitioner Petitioner's attorney

Date

Signature

OSB# (*attorneys only*)

Name (printed)

Contact Address (*use a SAFE address*) City, State, ZIP

Contact Phone (*use a SAFE number*)

SERVICE INFORMATION

The Respondent will receive a copy of this information

If you do not want Respondent to know your residential address or phone number, use a contact address in the state where you reside or a contact phone number so the court and the sheriff can reach you if necessary. Check for mail at this address frequently. The court will assume that you receive all notices sent to your contact address.

PETITIONER: (Name) _____ Female Male

Residence/Contact Address (Use a safe address): Street and Apartment, City, State, Zip County

Contact Phone Number _____ (Use safe contact number)

Age _____ Race/Ethnicity _____ Height _____ Weight _____

Eye Color _____ Hair Color _____

RESPONDENT: (Name) _____ Female Male

Residence Address _____
County

Phone Number _____

Age _____ Race/Ethnicity _____ Height _____ Weight _____

Eye Color _____ Hair Color _____

**PLEASE FILL OUT THIS INFORMATION
TO HELP WITH SERVICE OF THE RESTRAINING ORDER**

Where is Respondent most likely to be found?

- Residence Hours _____ Address above
 Employment Hours _____ Address on CIF form
 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): _____

