

# **RENEWING A RESTRAINING ORDER**

## **UNDER THE FAMILY ABUSE PREVENTION ACT (FAPA)**

**IMPORTANT NOTE:** PROCEDURES FOR RENEWING RESTRAINING ORDERS VARY FROM COURT TO COURT. CHECK WITH YOUR LOCAL COURT FOR MORE INFORMATION.



### **CAN I RENEW A RESTRAINING ORDER?**

If you are the petitioner (the person who asked for the order), you can ask the court to renew it for 2 more years if you are afraid you may be abused by the respondent in the future. You do not have to show that new abuse has occurred. You do have to explain why you want the order renewed.

### **HOW DO I ASK FOR MY RESTRAINING ORDER TO BE RENEWED?**

Fill out the renewal forms and submit them to the court where you got your original restraining order.

File your request with the court before the current order ends. Restraining orders last for 2 years from the day of the judge's signature. To renew the current order, your papers must be filed before the end of that year. You may lose your chance to renew if you do not file before the date the current order ends.

### **WHAT HAPPENS NEXT?**

After you file your renewal forms, the judge will decide if it is reasonable for a person in your situation to be afraid of future abuse by the respondent if the restraining order is not renewed. Ask the court clerk how the court handles renewal requests. If your request is granted, make sure you get enough copies from the court to serve the respondent. The court will provide copies to you at no charge.

**Service** - You cannot serve the papers yourself. Have one of the copies hand-delivered to the respondent. This can be done by a sheriff, a private process server, or any competent<sup>1</sup> person who is 18 or older, as long as the server lives in the state where the papers are served. The server must complete a *Certificate of Service* and file with the court. There is a form in the packet, but some servers use their own forms. Talk to the court clerk about ways to get the respondent served.

The respondent has 30 days from the date of service to request a hearing. If the respondent does not request a hearing, the renewed restraining order will stay in effect.

If the respondent requests a hearing, it will be held within 21 days after receiving the hearing request. The court will mail you a notice of the hearing date and time or may notify you by phone. It is very important for you to give the court a reliable address and phone number where you can be contacted. If you do not appear at the hearing, your restraining order may be dismissed. **Be sure the court always has your current contact address and contact phone number so you get notice of any hearing.** Use a safe contact address and contact phone number.

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<sup>1</sup> "Competent" means that a person who can understand, remember, and tell others about an event

### **DO I NEED A LAWYER?**

If you have questions about how the law works or what it means, you may need to talk to a lawyer. Court staff cannot give you legal advice. You may have a lawyer represent you at the hearing but it is not required. If you need help finding a lawyer, call the Oregon State Bar's Lawyer Referral Service at 503.684.3763 or 800.452.7636. If you believe you cannot afford a lawyer, ask court staff if your area has any legal services (legal aid) programs that might help you.

### **WHAT IF I NEED AN ACCOMMODATION OR AN INTERPRETER?**

If you have a disability and need an accommodation, or if you need a foreign language interpreter, tell the court as soon as possible, at least four days before your hearing. Tell the clerk that you have a disability and what type of assistance you need or prefer, or which language you speak.

### **COURT FORMS**

Forms that can be used in all Oregon courts are available here:

[www.courts.oregon.gov/forms](http://www.courts.oregon.gov/forms)

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

Case No: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

v.

**PETITION TO RENEW  
RESTRAINING ORDER**

\_\_\_\_\_  
Respondent  
(Person restrained)

(Family Abuse Prevention Act)

➤ I need an interpreter:  Spanish  Russian  other: \_\_\_\_\_

**NOTICE TO PETITIONER**

➤ **Contact Address and Telephone Number:** If you don't want the respondent to know your residential address or phone number, use a contact address and phone number so the court and the sheriff can reach you if necessary.

**I am the Petitioner.** I declare that the following information is true:

I fear further acts of abuse by Respondent if the Restraining Order is not renewed because (*you do not have to show that there have been new acts of abuse since the original Order*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I ask the court to renew the *Restraining Order* for a period of 2 years, and continue the security amount entered in the original order**

*The Restraining Order was first signed by the judge on (date):* \_\_\_\_\_

**I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.**

Submitted by  Petitioner  Attorney for Petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Contact Address *(use a SAFE address)*

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Contact Phone *(use a SAFE number)*

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*Attorney for Petitioner:*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
OSB#

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

Case No: \_\_\_\_\_

\_\_\_\_\_ Petitioner

and

\_\_\_\_\_ Respondent

**CONFIDENTIAL  
INFORMATION FORM**

Amended CIF

(Family Abuse Prevention Act)

UTCR 2.130

This document is not accessible to the public or other parties. Exceptions may apply. See UTCR 2.130.

File one CIF for each party

Submitted by:  Petitioner  Respondent  other: \_\_\_\_\_

Information about (name): \_\_\_\_\_  
(first, middle, last)

Petitioner  Respondent  other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Respondent's Employer's Name, Address, and Phone: (not required for Petitioner)

**Minor children of the parties:<sup>1</sup>**

Name:	Date of Birth:

Additional page attached

<sup>1</sup> The names of parties and children, and children's ages are not confidential. This form can only be viewed by the party who files it unless the court orders otherwise.

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

Case No: \_\_\_\_\_

\_\_\_\_\_ Petitioner

and

\_\_\_\_\_ Respondent

**CONFIDENTIAL  
INFORMATION FORM**

Amended CIF

(Family Abuse Prevention Act)

UTCR 2.130

This document is not accessible to the public or other parties. Exceptions may apply. See UTCR 2.130.

File one CIF for each party

Submitted by:  Petitioner  Respondent  other: \_\_\_\_\_

Information about (name): \_\_\_\_\_  
(first, middle, last)

Petitioner  Respondent  other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Respondent's Employer's Name, Address, and Phone: (not required for Petitioner)

**Minor children of the parties:<sup>1</sup>**

Name:	Date of Birth:

Additional page attached

<sup>1</sup> The names of parties and children, and children's ages are not confidential. This form can only be viewed by the party who files it unless the court orders otherwise.

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

Case No: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent

**NOTICE OF FILING OF  
CONFIDENTIAL  
INFORMATION  
FORM (CIF)**

Amended CIF

I filed Confidential Information Forms with the court about the following parties to this case as required by Uniform Trial Court Rule (UTCRR) 2.130 (*complete a section for each party you filed a CIF for*):

1) Petitioner Name (First, Middle, Last): \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

date of birth  children's date of birth

2) Respondent Name (First, Middle, Last): \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

date of birth  children's date of birth  
 employer's name, address, and telephone number

Submitted by:  Petitioner  Attorney for Petitioner  Respondent  Attorney for Respondent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
OSB# (*Attorneys only*)

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Contact Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Contact Phone

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

Case No: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

v.

**ORDER RE: RENEWING  
RESTRAINING ORDER**

\_\_\_\_\_  
Respondent  
(Person restrained)

(Family Abuse Prevention Act)

**NOTICE TO RESPONDENT**

- This Order continues the original (or modified) *Restraining Order* and is effective immediately
- Violation of the *Restraining Order* may result in your arrest, or in civil or criminal penalties
- The *Restraining Order* is enforceable in every state, the District of Columbia, and all tribal lands and territories of the United States
- If you want to oppose the continuation of the order, see the *Notice to Respondent* and *Request for Hearing* forms you received with this order

The court reviewed the *Petition to Renew Restraining Order*

**THE COURT FINDS:**

A person in Petitioner's situation would reasonably fear further acts of abuse by Respondent if the *Restraining Order* is not renewed

No further service is necessary because Respondent appeared in person before the court

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE COURT ORDERS:**

The *Restraining Order* in this case is RENEWED for 2 years, expiring on (date): \_\_\_\_\_

- 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*



The *Petition to Renew Restraining Order* is DENIED because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Orders:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECURITY AMOUNT** for violation of any provision of this Order or the original Order is **\$5,000** unless otherwise specified here: \$\_\_\_\_\_

**CERTIFICATE OF COMPLIANCE  
WITH THE VIOLENCE AGAINST WOMEN ACT**

This protective order meets all full faith and credit requirements of the Violence Against Women Act. (18 U.S.C. 2265) This court has jurisdiction over the parties and the subject matter. The Respondent is being afforded notice and timely opportunity to be heard as provided by the law of the jurisdiction. This order is valid and entitled to enforcement in this and all other jurisdictions.

*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; or  in **open court** with all parties present

Submitted by  Petitioner  Attorney for Petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
OSB# (*attorneys only*)

\_\_\_\_\_  
Name (printed)

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

\_\_\_\_\_  
Contact Phone (*use a SAFE number*)

## **FIREARMS PROHIBITIONS APPLY TO YOU**

If the firearms prohibition in Paragraph 10 or 11 (Paragraph 18 if issued after January 1, 2020) of the original *Restraining Order to Prevent Abuse* is initialed by the judge and has not been changed, it is unlawful for you to possess or purchase a FIREARM, including a rifle, pistol, or revolver, and AMMUNITION under ORS 107.718(1)(h).

As a result of this order, or any order renewing or changing this order, it may be unlawful for you to possess or purchase a firearm, including, a rifle, pistol, or revolver, or ammunition under federal law (18 U.S.C. § 922(g)(8)). State law also prohibits you from possession or purchase of a firearm (ORS 166.250 to 166.270). This order may affect your ability to serve in the Armed Forces of the United States or to be employed in law enforcement. If you have any questions about how these laws apply to you, talk to a lawyer.

You may be prohibited from:

- Traveling across state lines or tribal land lines with the intent to violate this order and then violating this order
- Causing the Petitioner to cross state lines or tribal land lines for the purpose of violating the order

**If this renewal is granted, criminal penalties apply for violation of the firearms prohibition**

### **Other Laws May Also Apply To You**

Whether or not a *Restraining Order* is in effect, federal law may prohibit you from:

- Traveling across state lines or tribal land lines with the intent to injure the Petitioner and then intentionally committing a crime of violence causing bodily injury to the Petitioner
- Causing the Petitioner to travel across state lines or tribal land lines if your intent is to cause bodily injury to the Petitioner or if the travel results in your causing bodily injury to the Petitioner

**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, 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 \_\_\_\_\_

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**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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PETITIONER:

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

**NOTICE TO RESPONDENT AND REQUEST FOR HEARING**

**TO RESPONDENT: A RESTRAINING ORDER HAS BEEN ISSUED BY THE COURT THAT AFFECTS YOUR RIGHTS. THE ORDER IS NOW IN EFFECT FOR 2 YEARS.**

➤ Follow the instructions in the column checked below

<input type="checkbox"/> No hearing is scheduled  If you want a hearing because you oppose the <i>Restraining Order</i> , including any parenting time or custody orders, fill out the attached <i>Request for Hearing</i> form.  Mail or deliver your <i>Request</i> to the court address on Page 2 <b>within 30 days</b> after you received the order.  The hearing will be held within <b>5 business days</b> if you are contesting a custody order (not parenting time), or within <b>21 calendar days</b> otherwise  If you do not go to the hearing, the restraining order may remain in effect for 2 years. At the hearing, a judge will decide whether the order should remain in effect, be changed, or be dismissed.	<input type="checkbox"/> An Exceptional Circumstance hearing is scheduled  A hearing is scheduled on: Date: _____ Time: _____ Courtroom: _____  The court has decided that there are exceptional circumstances affecting your children. Temporary custody will be decided at this hearing. If you want to be heard on <b>any</b> of the terms of the <i>Order</i> , you must appear at the date and time above.  This will be your <b>only</b> chance to oppose the <i>Order</i> . If you do not go to the hearing, the <i>Restraining Order</i> may remain in effect for 2 years.  If you want an earlier hearing than the date above, complete the <i>Request for Hearing</i> form below and mail or deliver it to the address on Page 2
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**Enforceability of the Restraining Order**

The *Restraining Order* you have received is in effect until the court changes (modifies) or dismisses it, or until it expires

If you are arrested for violating this order, the security amount (bail) is \$5,000, unless a different amount is ordered by the court

The order is enforceable in every county in Oregon. It is enforceable in all 50 states, the District of Columbia, tribal lands, and territories of the United States. This includes any order renewing or changing this order.

**Violation of the Restraining Order**

Violation of any part of this order (or any order renewing or changing this order) is contempt of court. Contempt is punishable by a fine of up to \$500 or 1% of your annual gross income, whichever is greater, or a jail term of up to six months, or both. Other penalties may also be imposed.

**FIREARMS PROHIBITIONS APPLY!**

**Criminal Penalties for Firearms Possession (ORS 166.255(1)(a))**

You will be subject to criminal penalties for possessing firearms or ammunition effective the earliest of:

- (1) 30 days after you were served with the *Order*

*Or, if you request a hearing:*

- (2) the date of the hearing if the *Order* is not dismissed *or*
- (3) the date of the hearing if you fail to appear at the hearing *or*
- (4) the date you withdraw your request for a hearing

**Contempt Penalties for Firearms Possession**

If the firearms prohibition in Section 18 of the *Restraining Order* is initialed by the judge:

- it is immediately unlawful for you to possess or purchase any firearm or ammunition under ORS 107.718(1)(h)
- you are subject to contempt of court for violation of the firearms prohibition as soon as you are served with or become aware of the *Order*
- criminal penalties may also apply

You may also be prohibited from serving in the Armed Forces of the United States or being employed in law enforcement. Violating this order may subject you to federal criminal charges.

If you have any questions about how these laws apply to you, talk to a lawyer.

**IF YOU COMPLETE THE REQUEST FOR HEARING FORM, MAIL OR DELIVER IT TO (address of court):** \_\_\_\_\_

\_\_\_\_\_

**REQUEST FOR HEARING**

*(To Be Completed By Respondent Only)*

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

Case No: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

v.

**REQUEST FOR HEARING**

\_\_\_\_\_  
Respondent  
*(Person to be restrained)*

*(Family Abuse Prevention Act)*

➤ I need an interpreter:  Spanish  ASL  other: \_\_\_\_\_

**I am the Respondent.** I oppose the *Restraining Order* as follows and request a hearing if one is not already scheduled:

I oppose: *(check all that apply)*

- the order restraining me from contacting, threatening, or attempting to contact the Petitioner
- the custody order
- the parenting time order
- other: \_\_\_\_\_

**An Exceptional Circumstances hearing is scheduled.** I understand this is my **only** chance to oppose the *Order*. I want an earlier hearing than the date scheduled.

I  will  will not be represented by an attorney at the hearing  
Name and bar number of the attorney (if known): \_\_\_\_\_

I will need Americans with Disabilities Act accommodations at the hearing

A *Confidential Information Form* (CIF) has been completed and filed with the court clerk containing all required information that is identified as confidential by UTCR 2.130 for Respondent

Submitted by:  Respondent  Attorney for Respondent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Contact Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Contact Phone

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*Attorney for Respondent:*

---

Date

---

Signature

---

OSB#

---

Name (printed)

---

Address

City, State, ZIP

---

Phone

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

Case No: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

v.

**CERTIFICATE OF SERVICE**

\_\_\_\_\_  
Respondent

*(Family Abuse Prevention Act)*

I, *(name)* \_\_\_\_\_, declare that I am a resident of the state of \_\_\_\_\_  
\_\_\_\_\_. I am a competent person 18 years of age or older. I am not a party to or  
lawyer in this case, and not the employee of a party.

I certify that on *(date)* \_\_\_\_\_ at *(time)* \_\_\_\_\_ (am/pm),  
I served the Respondent named above by delivering the following documents in person to  
*(address or location of service)* \_\_\_\_\_

I served true copies of the original *(check all that apply)*:

- Restraining Order to Prevent Abuse **and** Petition for Restraining Order to Prevent Abuse
- Order Renewing Restraining Order **and** Petition to Renew Restraining Order
- Order to Show Cause re: Modifying Restraining Order **and** Motion for Order to Show Cause & Declaration in Support

**with the** Notice to Respondent/Request for Hearing, Instructions for Contesting a Family Abuse Prevention Act Restraining Order, and Notice of Confidential Information Form (CIF) Filing

Other *(name all forms or documents served)* \_\_\_\_\_

**I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Server

\_\_\_\_\_  
Print Name

*If person serving is NOT a sheriff or sheriff's deputy, address and phone number of server:*

\_\_\_\_\_  
\_\_\_\_\_



**NOTICE TO PETITIONERS RECEIVING ELECTRONIC NOTICE  
ABOUT RESTRAINING ORDERS**

USE THIS FORM IF:

- You have already provided your email address or cell phone number to the sheriff's office to receive electronic notice when your *Restraining Order* has been served or is about to expire

AND

- Your email address or cell phone number has changed

**DO NOT FILE THIS FORM WITH THE COURT**

The information below must be provided to the sheriff's office  
in the county where the *Restraining Order* was issued

***If your contact address or phone number has changed, you must separately inform the court that issued the Order***

A common time to use this form is when you are RENEWING or MODIFYING your restraining order. This form can be used ANYTIME a restraining order is in effect and you have changed your email address or cell phone number and still want to receive electronic notice from the sheriff's office about service or expiration.

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**PETITIONER'S NOTICE TO SHERIFF'S OFFICE  
OF CHANGE OF CONTACT INFORMATION**

Your Name: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

Court Case #: \_\_\_\_\_

County where *Order* Issued: \_\_\_\_\_

Your new cell phone number: \_\_\_\_\_

Cell Carrier (*AT&T, T-Mobile, Verizon. etc.*): \_\_\_\_\_

Your new email address: \_\_\_\_\_

**NOTICE TO PETITIONERS:  
RECEIVING ELECTRONIC NOTICE ABOUT RESTRAINING ORDERS**

The sheriff is required to provide you with proof of service showing when your Restraining Order has been served

USE THIS FORM if you would also like to receive electronic notice by text message and/or email when your *Restraining Order* has been served or is about to expire

The information below will be given to the sheriff for the county where the Restraining Order is issued

**DO NOT FILE THIS FORM WITH THE COURT!**

Give or send it to the sheriff for the county where you filed for your Restraining Order

**This is a VOLUNTARY option.** You do not have to provide this information. The sheriff will still notify you when your Restraining Order has been served.

*If your contact address or phone number changes, you must separately inform the court that issued the Order. If the information below changes, notify the sheriff.*

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**PETITIONER'S NOTICE TO SHERIFF'S OFFICE  
OF ELECTRONIC CONTACT INFORMATION**

Your Name: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

Court Case #: \_\_\_\_\_

County where *Order* Issued: \_\_\_\_\_

Your cell phone number: \_\_\_\_\_

Cell Carrier (*AT&T, T-Mobile, Verizon. etc.*): \_\_\_\_\_

Your email address: \_\_\_\_\_