PROTECTIVE ORDER PACKETS AVAILABLE FROM CLATSOP COUNTY CIRCUIT COURT

To be successful in obtaining a protective order it is important to 1) choose the correct packet, 2) fill out your forms thoroughly and accurately, 3) seek legal advice when necessary, and 4) ask for help when you need it. Step one is choosing the correct packet. Below are packets created by the State of Oregon Judicial Department. The questions and statements are there to help you choose the correct packet. If you cannot check the required boxes in a column, that packet may not work for your situation. If you cannot determine a packet that fits your situation, you should seek assistance from a lawyer.

Family Abuse Prevention Act (FAPA) Restraining Order	Elderly Persons and Persons with Disabilities Abuse Prevention Act (EPPDAPA) Restraining Order	Stalking Protective Order
You are eligible to use this Restraining Order Procedure if:	You are eligible to use this Restraining Order Procedure if:	You are eligible to use this Protective Order Procedure if:
□ You are 18 years of age or older OR □ You are under the age of 18 but the person who abused you is at least 18 and: • You are (or were) married to that person OR • You have been in a sexual relationship with that person AND The person you want to be protected from is (check at least one): □ Your spouse □ Your domestic partner □ A former spouse or domestic partner □ An adult with whom you had a sexual relationship, and live or lived with □ An adult with whom you have been in a sexual relationship within the last two years □ An adult related to you by blood, marriage, or adoption □ The parent of your child AND One or more of the below occurred (you must be able to check at least one): □ Physical Injury □ You a not a result of you is at least 18 and: OR □ You a you have you have you have been in a sexual relation one): □ The parent of your child AND □ You a an elder eligibility and live or lived with □ An adult related to you by blood, marriage, or adoption □ The parent of your child AND One or more of the below occurred (you must be able to check at least one): □ Physical Injury □ You a further of you and provided that person □ You and you have y	you are a "person with disabilities" because you have a physical or mental disability; OR you are a guardian or guardian ad litem for an elderly or disabled person who meets the eligibility requirements of this packet. AND Abuse was committed within the 180 days* preceding the filing of the petition [*any period of time after the abuse occurred during which the Respondent (person you are filing against) was in jail or prison or lived more than 100 miles from your home does not count as part of the 180-day time period]. AND You are in immediate and present danger of further abuse from the Respondent (person you are filing against).	□ You or a member of your family, have been contacted two or more separate times in the past two years. The contact is unwanted and is alarming (causes fear) and/or coercive (forceful). AND □ It is reasonable that a person in your situation would feel alarmed or coerced. AND □ These unwanted contacts make you reasonably fear for your physical safety or a family member's physical safety.
	You are strongly encouraged to visit the court Family Resource Center (FRC) prior to filing your documents. Court staff will be able to answer questions regarding these documents and court procedures, as well as review your packet for completeness. Call 503-325-8555 option 6 and select 3 for FRC hours of operation.	

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Sexual Abuse Protective Order (SAPO) Extreme Risk Protection Order (ERPO) You are eligible to use this Restraining Order Procedure if: You are eligible to use this Protective Order Procedure if: \square You are 18 years of age or older: ☐ You are a family member, household member, or intimate partner of the Respondent. Law enforcement officers may also ☐ You and Respondent cannot be "family or household members" as defined by ORS 107.705 apply for this Order. This means that the person who abused you is NOT: Your husband, wife, or Registered Domestic Partner, **AND** Your former husband, wife, or Registered Domestic Partner, An adult with whom you are living (or did live) in a sexual relationship, ☐ The Respondent is at risk of hurting another person or of An adult with whom you have been in a sexual relationship within the last two years, committing suicide from having or getting deadly weapons, An adult related to you by blood, marriage, or adoption, including firearms. The parent of your child. OR \square If you are under the age of 18: You may ask for an Order as long as the Respondent is 18 or older \square If you are under the age of 12: A parent or guardian must file for you. A Guardian Ad litem* can also be appointed. You may file for a Sexual Abuse Protective Order on your own if you are at least 12 years of age. If you are filing for a protective order on behalf of a minor, fill out the form as if you were the minor. * A Guardian Ad Litem is a person appointed by the court to make decisions only about the court case. <u>AND</u> The person you want to be protected from must NOT already be prohibited from contacting you by: A restraining order from another state, Indian tribe, or territory, A stalking protective order, An Elderly Persons and Persons with Disabilities Abuse Prevention Act restraining A no contact order entered in a criminal case, or A restraining order entered in a juvenile court dependency case. ANDThe abuse must have happened in the last 180 days. The 180 day period can be increased by the amount of time the Respondent: Was in jail, Lived more than 100 miles from your home, or Was restrained from contacting you under another type of protective or "no contact" order. **AND** You are in reasonable fear for your physical safety.