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 18 years of age or older	You are eligible to use this Restraining Order Procedure if: □You are 65 years of age or older AND you are not a resident of a long-term care facility; OR □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 are eligible to use this Protective Order Procedure if: 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. Ged to visit the court Family for to filing your documents. Swer questions regarding these edures, as well as review your ill 503-325-8555 ext. 319 for FRC
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 □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 □An attempt was made to physically injure you □You were afraid you would be physically injured □You were made to have sexual relations against your wishes by use of force or threats of force		
☐ You are in danger of more abuse 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].	Resource Center (FRC) price Court staff will be able to ans documents and court process.	

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