\*This coversheet MUST accompany ANY faxed Restraining Order packets\*

FAX	To: 541-471-2079
Telephonic Restraining Order Initial Appearance	From (agency) Fax number:
Str. OF OR	Date Appearing By Phone:
	Petitioner Name: Respondent Name:
Josephine County Circuit Court	Phone Number for Court Appearance:
	()
COPIES FOR PETITIONER (the person filing):	
Email Petitioner's Copy To (email address)	
OR	
Petitioner will come to Josephine County Family Court (301 NW F Street Grants Pass OR 97526) within 3 days of their court date to pick up a hard copy of the restraining order packet.	
SERVICE COPIES:	
Respondent (the person I am filing against) lives in OREGON <u>and</u> I have provided a <u>COMPLETE</u> address for them on the attached Relevant Data sheet. <u>The court will</u> forward service copies to the appropriate sheriff's department.	
□ I do not know of an exact location for the Respondent (the person I am filing against), <u>or</u> the Respondent does NOT live in Oregon. <u>I am responsible for</u> <u>coordinating service</u> . The court will mail (to the address I have provided on my paperwork) a certified copy that can be used for service.	
□ I am requesting to have the Respondent (the person I am filing against) personally served and do not need the court to send copies to the sheriff's department. The court will mail (to the address I have provided on my paperwork) a certified copy that can be used for service.	