

**ELDERLY PERSONS AND  
PERSONS WITH DISABILITIES**

**ABUSE PREVENTION ACT**

**INSTRUCTIONS AND FORMS TO RENEW (CONTINUE)**

**A RESTRAINING ORDER**

**PACKET E2**

Office of the State Court Administrator  
Salem, Oregon

Revised December 2003, July 2005, January 2010, March 2010, January 2016, August 2016

PACKET E2

**RENEWING (CONTINUING) A RESTRAINING ORDER**

**ELDERLY PERSONS AND PERSONS WITH DISABILITIES  
ABUSE PREVENTION ACT**

**INSTRUCTIONS**

This packet contains forms and instructions for a Petitioner or “guardian Petitioner” (a guardian or guardian ad litem filing on behalf of an elderly/disabled person) to ask the court to renew (continue) a Restraining Order under the Elderly Persons and Persons With Disabilities Abuse Prevention Act for another year. You must file the forms with the court clerk in the county where the court issued the original restraining order.

**GUARDIAN PETITIONERS**

You may also use this packet if you are a guardian or guardian ad litem for an elderly or disabled person on whose behalf you are filing to renew a restraining order to stop another person (the “Respondent”) from threatening or abusing the person you represent. You must be the guardian or guardian ad litem for the elderly person or disabled person for whom you are filing. If you are using the packet for this purpose, you are called a “GUARDIAN PETITIONER.”

**THROUGHOUT THE FORMS AND INSTRUCTIONS, INFORMATION IS PROVIDED FOR AND REQUESTED ABOUT THE ELDERLY OR DISABLED PERSON YOU REPRESENT. AS A GUARDIAN PETITIONER, YOU ARE TO PROVIDE INFORMATION, NOT ABOUT YOURSELF, BUT ABOUT THE ELDERLY OR DISABLED PERSON ON WHOSE BEHALF YOU ARE SEEKING A RESTRAINING ORDER. Provide information about yourself as “guardian Petitioner” only where specifically requested.**

**IF YOU ARE AN ELDERLY PERSON OR A PERSON WITH DISABILITIES, AND A “GUARDIAN PETITIONER” FILES A PETITION ON YOUR BEHALF, YOU RETAIN THE RIGHT TO:**

- Contact and retain counsel;
- Have access to personal records;
- File objections to the restraining order;
- Request a hearing; and
- Present evidence and cross-examine witnesses at any hearing.

**If you have questions about how the law works or what it means, you may need to see a lawyer. The court clerk cannot give you any legal advice.**

**You do not have to have a lawyer to use this procedure, but you have the right to have a lawyer represent or help you. If you do not know a lawyer, you may call the Oregon State Bar's Lawyer Referral Service at (503) 684-3763 or toll-free by dialing 1-800-452-7636. If you believe you cannot afford a lawyer, ask the court staff if your area has a legal service (legal aid) program that might help you.**

## IMPORTANT NOTE

### ***INFORMATION THAT MUST BE KEPT CONFIDENTIAL***

You must keep certain information (“confidential personal information”) out of any papers you file or submit to the court. You must instead, provide that information in a Confidential Information Form. “Confidential Personal Information” includes social security number; date of birth; former legal names; driver license numbers; and employer’s name, address, and telephone number. It also applies to information about a party or a party’s child. On the document where that protected personal information would otherwise appear, you must note that the information has been separately provided under UTCR 2.130. (UTCR refers to the Uniform Trial Court Rules that apply across the state).

#### Relevant Rules and Forms

**UTCR 2.130** – Confidential Personal Information in Family Law and Certain Protective Order Proceedings

[UTCR 2.130 Confidential Information Form for EPPDAPA Petitioners](#)

[UTCR 2.130 Confidential Information Form for EPPDAPA Respondents](#)

[UTCR Form 2.130.2 - Notice of Filing of Confidential Information Form \(CIF\) or Amended CIF](#)

## WHO CAN FILE FOR A RENEWAL?

Only the Petitioner or “guardian Petitioner” (the person who asked for the original Restraining Order) may ask the court to renew the Restraining Order. The Petitioner or “guardian Petitioner” may ask the court to renew even if there are no new facts and even if there has been no new abuse since the original Restraining Order.

## WHEN DO I FILE?

You will need to file the necessary forms with the court to request that the original Restraining Order be renewed sometime before the original order ends. Remember, the original Restraining Order is effective for one year (365 days) after the judge signed it. If you want to renew the Order, you should file your papers at least one or two weeks before the end of that year period. If you file too early, the court might tell you to wait to see if your situation changes. If you file too late and the original Order ends before the court can renew it, you may have to start over and petition for a new restraining order and prove that abuse has reoccurred within the last six months.

## HOW DO I GET A RESTRAINING ORDER RENEWED?

File your request with the court sometime before the original order ends. Remember, the original restraining order lasts for one year from the day it was signed by the judge. To renew the order, your papers must be filed before the end of that year. You may lose your chance to apply if you do not file before the date the order ends.

If you sign and complete this form yourself, print or type your name, address, and telephone number, and check the blank next to "Petitioner" or "Guardian Petitioner." **If you wish to have your residential address or telephone number withheld from Respondent, use a contact address and contact telephone number so the court and sheriff can reach you if necessary.** You are responsible for making sure that all papers delivered to your contact address or agent are actually delivered to you. YOU MUST NOTIFY THE COURT OF ANY CHANGE OF ADDRESS. Please note that for the purposes of the forms in this packet, “address” means a residence, mailing, or contact address in the same state as your home (the place where you live).

## WHEN AND HOW DO I FILE FOR THE RENEWAL?

After you have completed the necessary forms, take or mail them to the court clerk of the county that issued the original Restraining Order.

## WILL THERE BE A HEARING?

The court might hold a hearing, although it does not have to, before signing the Order. The court will hold a hearing later if the Respondent or elderly/disabled person requests one. The clerk will notify you if the court wants you to appear at a hearing.

### **WHO DO I SERVE AND HOW DO I SERVE THEM?**

If the court grants your Motion and renews the Restraining Order, a "true" (certified) copy of the Motion to Renew and the Order must be "served on" (delivered to) the Respondent to inform the Respondent that the court has renewed the Restraining Order. The order must be given to the Respondent in person by the sheriff or other person who is qualified to serve legal papers unless the court finds that further service is unnecessary because the Respondent appeared in person before the court and received the papers. There is no service fee when the sheriff's office serves the order. If you arrange to have a private process server serve the papers, you will need to pay any fees to that person.

#### **GUARDIAN PETITIONERS**

A copy of the Motion to Renew and Order must also be given to ("served on") the elderly or disabled person for whom you are guardian *within 72 hours after the court issues a restraining order*. The papers must be given "in person" by the sheriff or another person who is qualified to serve legal papers. *You cannot serve the papers on the elderly or disabled person yourself*. The elderly or disabled person must also be served with a NOTICE containing a statement of their rights, together with an objection form that the elderly or disabled person may complete and mail to the court, and to request a hearing.

### **HOW LONG IS THE RESTRAINING ORDER IN EFFECT AND HOW IS IT ENFORCED?**

Once renewed, the Restraining Order is effective for an additional year unless it is ended earlier by the court at your request, or unless the order is vacated or modified (changed), whichever occurs first. The police must enforce the renewed Order in the same way they enforced the original Order. You also can ask the District Attorney to prosecute (bring legal charges against) the Respondent for violating the renewed Order.

### **WHAT IF I WANT TO END THE RESTRAINING ORDER BEFORE A YEAR IS OVER?**

You can ask the court to end the renewed Restraining Order before the second (renewal) year is up. The Petitioner's /Guardian Petitioner's Motion and Order of Dismissal form and instructions for completing that form can be found towards the end of the packet you used for the original Restraining Order. If you do not have the original packet and you want to end the Renewed Restraining Order early, ask the court clerk either for Packet E1, or, if your Restraining Order involved sweepstakes promotional mailings, ask the court clerk for Packet E3.

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

If you have a disability and need special help at a hearing or you are unable to speak English and need a foreign language interpreter at a hearing, you must notify the clerk as soon as possible, but no later than four judicial days before the hearing. You will need to tell the clerk specifically what type of disability you have or which language you speak and what type of assistance you need or prefer.



I hereby ask the court to issue an Order renewing the Restraining Order in this matter that was signed on \_\_\_\_\_, 20\_\_\_\_\_(date), for a period of one year, and continuing the security amount set forth in the original restraining order or in such other amount, as the court deems appropriate.

**I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and subject to penalty for perjury.**

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

\_\_\_\_\_  
Print or Type Name of Petitioner

**Certificate of Document Preparation** You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to \_\_\_\_\_ for assistance in preparing this form.

**Submitted by:**

\_\_\_\_\_  
Print Name,  Petitioner  Attorney for Petitioner

OSB No. *(if applicable)*

\_\_\_\_\_  
Address or Contact Address  
Use a **Safe** Contact address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone or Contact Telephone Number  
Use a **Safe** Contact number

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

\_\_\_\_\_  
Petitioner (See CIF) )  
(name of person to be protected) (Date of Birth) )

by and through his/her Guardian Petitioner: )  
\_\_\_\_\_  
(name of Guardian Petitioner) )

v. )

\_\_\_\_\_  
Respondent (See CIF) )  
(person to be restrained) (Date of Birth) )

**ORDER RENEWING RESTRAINING ORDER**  
(Elderly Persons / Persons w/Disabilities  
Abuse Prevention Act)

Case No. \_\_\_\_\_

**NOTICE TO THE RESPONDENT:**

**If granted, this renewal order continues the original or modified restraining order and becomes effective immediately. Violation of the continued restraining order may result in your arrest or in civil and/or criminal penalties. This order is enforceable in every state, the District of Columbia, and all tribal lands and territories of the United States. If you wish to contest the continuation of this order, see your rights to a hearing in the "Notice to Respondent/Request for Hearing" form attached to this Order.**

The court, having reviewed the Petition to Renew Restraining Order, makes the following findings:

- Good cause exists to renew the order.
- No further service is necessary because the Respondent appeared in person before the court.

**IT IS HEREBY ORDERED** that:

- The Restraining Order in this matter is RENEWED for a period of one year, expiring on: \_\_\_\_\_ (date).
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- THE SECURITY AMOUNT FOR VIOLATION OF ANY PROVISION OF THIS ORDER OR THE ORIGINAL RESTRAINING ORDER IS \$5,000 unless otherwise specified here: \$\_\_\_\_\_
- The Petition to Renew Restraining Order is dismissed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIREARMS PROHIBITIONS MAY APPLY TO YOU!**

If the original Restraining Order to Prevent Abuse ordered you not to possess or purchase firearms and has not been changed, it is unlawful for you to possess or purchase a FIREARM, including a rifle, pistol, or revolver, and AMMUNITION. ORS 124.020(1)(f).

As a result of this Order, or any Order continuing 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). In addition, state law or local laws may prohibit you from such possession or purchase as a result of this Order or any Order continuing or changing this Order. ORS 166.250 to 166.270; and local law. This Order also may negatively 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 whether these laws make it illegal for you to possess or purchase a firearm, you should consult an attorney.

You may also be subject to further restrictions and 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
- Possessing, receiving, shipping or transporting any firearm or firearm ammunition.

**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.

**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.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

*Judge Signature:*

\_\_\_\_\_



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**Certificate of Document Preparation and Readiness for Judicial Signature.** You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

I selected this document for myself and I completed it without paid assistance.

I paid or will pay money to \_\_\_\_\_ for assistance in preparing this form.

This proposed order is ready for judicial signature under UTCR 5.100 because this order is submitted ex parte as allowed by statute or rule.

Dated: \_\_\_\_\_ Submitted by (signature): \_\_\_\_\_

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Print Name,  Petitioner  Attorney for Petitioner

OSB No. (*if applicable*)

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Address or Contact Address  
Use a **Safe** Contact address

City, State, Zip

Telephone or Contact Telephone Number  
Use a **Safe** Contact number

**RELEVANT DATA**

**Protected Person:** \_\_\_\_\_  Female  Male  
*Name*

\*\*\*Residence/Contact Address (Use a **safe** address\*\*\*):

\_\_\_\_\_  
Number, Street and Apt. Number (*if applicable*)  
\_\_\_\_\_  
City County State Zip

Telephone/Contact Telephone Number (Use **safe** contact number) \_\_\_\_\_

Birthdate (See CIF) Age \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

\*\*\*The Respondent will receive a copy of this information. If you wish to have your residential address or telephone number withheld from Respondent, use a contact address in the state where you reside or a contact telephone number so the Court and the Sheriff can reach you if necessary. Please check for mail at this address frequently.

**RESPONDENT:** \_\_\_\_\_  Female  Male  
*Name*

Residence Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Birthdate (See CIF) Age \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

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**PLEASE FILL OUT THIS INFORMATION  
TO AID IN SERVICE OF THE RESTRAINING ORDER**

**Where is Other Party most likely to be located?**

Residence Hours \_\_\_\_\_ Address \_\_\_\_\_

Employment Hours \_\_\_\_\_ Address (See CIF) \_\_\_\_\_

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: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE STATE OF OREGON

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Petitioner (name of person to be protected) )  
(See CIF) (date of birth) )

by and through his/her Guardian Petitioner:  
\_\_\_\_\_  
(name of Guardian Petitioner) )

v.

\_\_\_\_\_  
Respondent (person to be restrained) )  
(See CIF) (date of birth) )

**NOTICE TO RESPONDENT/  
REQUEST FOR HEARING**  
(Elderly Persons / Persons w/Disabilities  
Abuse Prevention Act- Renewal)

Case No. \_\_\_\_\_

**THIS FORM MUST BE ATTACHED TO SERVICE COPY  
OF ORDER RENEWING RESTRAINING ORDER.**

**To Respondent:** The restraining order previously issued by the court has been renewed (continued) and remains in effect. The court has found that a person in the Petitioner’s situation would reasonably fear further acts of abuse by you if the order was not renewed. This renewed order becomes effective immediately.

**If you wish to contest the renewal of this order, you must complete page 3 and mail or deliver it to**  
\_\_\_\_\_  
(Name and Address of Court)

**Requests for hearing must be made within 30 days after you receive the order.** You must include your address and telephone number with your request for a hearing. The hearing will be held within 21 days. At the hearing, a judge will decide whether the order should be renewed. The only issue that will be considered at the hearing is the reason for the renewal unless the Petitioner agrees with your written request to hear other issues involving the restraining order.

Keep in mind that the order you have received is in effect and remains in effect until the court that issued the order 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.

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

Violation of this order, or any order changing this order, constitutes contempt of court, punishable by a fine of up to \$500 or one percent of your annual gross income, whichever is greater, or a jail term of up to six months, or both. Other sanctions may also be imposed for contempt.

### **FIREARMS PROHIBITIONS MAY APPLY TO YOU**

If the original Restraining Order to Prevent Abuse ordered you not to possess or purchase firearms and has not been changed, it is unlawful for you to possess or purchase a FIREARM, including a rifle, pistol, or revolver, and AMMUNITION. ORS 124.020(1)(f).

As a result of this Order, or any Order continuing 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). In addition, state law or local laws may prohibit you from such possession or purchase as a result of this Order or any Order continuing or changing this Order. ORS 166.250 to 166.270; and local law. This Order also may negatively 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 whether these laws make it illegal for you to possess or purchase a firearm, you should consult an attorney.

You may also be subject to further restrictions and 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
- Possessing, receiving, shipping or transporting any firearm or firearm ammunition.

### **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.

**REQUEST FOR HEARING**  
*(To Be Completed By Respondent Only)*  
 IN THE CIRCUIT COURT OF THE STATE OF OREGON

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
 Petitioner (name of person to be protected) )  
 (See CIF) (date of birth) )

by and through his/her Guardian Petitioner: )  
 \_\_\_\_\_ )  
 (name of Guardian Petitioner) )

v. )

\_\_\_\_\_  
 Respondent (person to be restrained) )  
 (See CIF) (date of birth) )

**RESPONDENT'S REQUEST FOR HEARING**

(Elderly Persons and Persons With Disabilities Abuse Prevention Act)

Case No. \_\_\_\_\_

I am the Respondent in the above-referenced action and I request a hearing to contest all or part of the Order Renewing Restraining Order as follows (mark one or more):

- The basis for the renewal.
- Other term(s) of the Order (please be specific): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I  will  will not be represented by an attorney at the hearing. The name and Bar Number of the attorney (if known) are: \_\_\_\_\_

- I will need \_\_\_\_\_ language interpretation services at the hearing.
- I will need Americans with Disabilities Act accommodations at the hearing.

Notice of the time and place of the hearing can be mailed to me at the address below.

\_\_\_\_\_  
 Respondent's Signature



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

\_\_\_\_\_  
Petitioner (name of person to be protected) )  
(date of birth) )  
)  
 by and through his/her Guardian Petitioner: )  
\_\_\_\_\_  
(name of Guardian Petitioner) )  
)  
v. )  
\_\_\_\_\_  
Respondent (person to be restrained) )  
(date of birth) )  
)

**NOTICE TO ELDERLY PERSON OR  
PERSON WITH DISABILITIES/OBJECTIONS  
AND REQUEST FOR HEARING**  
(Elderly Persons and Persons With Disabilities  
Abuse Prevention Act-Renewal)

Case No. \_\_\_\_\_

THIS FORM MUST BE ATTACHED TO SERVICE COPY OF PETITION AND RESTRAINING ORDER.

**NOTICE TO** \_\_\_\_\_ (Name of Protected Person on  
whose behalf the "Guardian Petitioner" is petitioning):  
A restraining order has been renewed by the court at the request of (name of guardian petitioner)  
\_\_\_\_\_ against (name of respondent) \_\_\_\_\_. This  
order is effective immediately and continues to restrain the respondent from the actions specified in the order.  
If you object to the continuation of this order or wish to request a hearing, you must complete this form and  
mail or deliver it to (address of court): \_\_\_\_\_

**NOTICE OF RETAINED RIGHTS**

Although this order was issued at the request of your guardian or guardian ad litem, you retain certain rights including the right to:

1. Contact and retain counsel (lawyer, attorney, legal representative)
2. Have access to your personal records
3. File objections to the restraining order
4. Request a hearing
5. Present evidence and cross-examine witnesses at any hearing (or have your lawyer, attorney or legal representative do so)

**OBJECTIONS and REQUEST FOR HEARING**

If you have objections to the renewal of the restraining order, you may inform the court of them by filling out the information below and mailing it to the court at the address above. You may also request a hearing. Requests for hearing must be made within 30 days after you receive the order. You must include your address and telephone number with your request for a hearing. The hearing will be held within 21 days. At the hearing, a judge will decide whether the order should be canceled or changed. The only purpose of this hearing will be to determine if the terms of the court’s order should be canceled, changed, or extended. Keep in mind that this renewal remains in effect for one year, or until the court that issued the order changes or dismisses it. It may also be renewed upon good cause shown, regardless of whether there has been a further act of abuse.

**OBJECTIONS**

I, \_\_\_\_\_ (name), am the elderly person or person with disabilities who is the subject of the attached Restraining Order. I object to the Renewal of the Restraining Order for the following reasons (describe in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST FOR HEARING**

- I request a hearing to contest all or part of the Order as follows (mark one or more):
  - The Order restraining respondent from contacting or attempting to contact me.
  - Other (describe parts of the order you object to and want changed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I  will  will not be represented by an attorney at the hearing.

Notice of the time and place of the hearing can be mailed to me at the address below my signature.

*(If you completed this document without the assistance of an attorney, you are required to complete truthfully the certificate below.)* I certify that: *(check the blank that applies)*

- I selected this document for myself, and I completed it without paid assistance and without assistance from an attorney.
- I paid, or will pay, money to \_\_\_\_\_ for assistance in preparing this document.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
OSB No. *(if applicable)*

\_\_\_\_\_  
Address or Contact Address  
Use **safe** contact address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone or Contact Telephone Number  
Use **safe** contact number

**NOTICE TO ELDERLY PERSON OR PERSON WITH DISABILITIES & REQUEST FOR HEARING**



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

\_\_\_\_\_  
(See CIF) )  
Petitioner (date of birth) )  
(name of person to be protected) )  
)  
 by and through his/her Guardian Petitioner: )  
\_\_\_\_\_) )  
(name of Guardian Petitioner) )  
v. )  
\_\_\_\_\_) )  
(See CIF) )  
Respondent (date of birth) )  
(person to be restrained) )

**ORDER AFTER HEARING**  
(Elderly Persons/Persons with Disabilities  
Abuse Prevention Act)

Case No. \_\_\_\_\_

This matter came before the Court on \_\_\_\_\_, 20\_\_\_\_\_.

**PETITIONER**

- Appeared in person or  by telephone/video
- Was served a copy of this Order in court today
- Did not appear
- Attorney: \_\_\_\_\_
- OSB# \_\_\_\_\_

**RESPONDENT**

- Appeared in person or  by telephone/video
- Was served a copy of this Order in court today
- Did not appear
- Attorney: \_\_\_\_\_
- OSB# \_\_\_\_\_

**FINDINGS:** \_\_\_\_\_

Having heard the testimony, **IT IS HEREBY ORDERED THAT THE RESTRAINING ORDER OBTAINED BY PETITIONER ON \_\_\_\_\_, 20\_\_\_\_\_ IS:**

- DISMISSED** in its entirety. The Order shall be removed from LEDS/NCIC forthwith.
- CONTINUED** in its entirety.
- RENEWED** in its entirety. The renewed restraining order expires on: \_\_\_\_\_ (date).
- CONTINUED/RENEWED but MODIFIED/AMENDED** as follows: \_\_\_\_\_

\_\_\_\_\_

The renewed restraining order expires on: \_\_\_\_\_ (date).

**IMPORTANT: Except as modified or amended, all other portions of the Restraining Order remain in effect.**

**SECURITY AMOUNT for VIOLATION OF THIS ORDER IS \$5,000** unless a different amount is specified here: OTHER SECURITY AMOUNT: \$ \_\_\_\_\_

## CERTIFICATES OF COMPLIANCE WITH THE VIOLENCE AGAINST WOMEN ACT

**FIREARMS NOTIFICATION under 42 USC §3796gg-(4)(e):** As a result of this Order, it **may** be unlawful for Respondent to possess, receive, ship, transport or purchase a **firearm or ammunition** pursuant to **federal law** under 18 USC §922(g)(8) and state law under ORS 124.020(1)(f) and ORS 166.250 to 166.270. This Order also **may** negatively affect Respondent’s ability to serve in the Armed Forces of the United States or to be employed in law enforcement. [OJIN/ODYSSEY Event Code: **NOGR**]

**NOTICE TO RESPONDENT: If you have questions about whether federal or state laws make it illegal for you to possess or purchase a firearm, and/or about whether this Order will affect your ability to serve in the military or be employed in law enforcement, you should consult an attorney.**

**THIS ORDER CONTAINS A FIREARMS PROHIBITION:** This Order (or the original Order that is continued) contains a firearms and ammunitions prohibition. Respondent **SHALL NOT** possess FIREARMS or AMMUNITION, and it is unlawful for Respondent to do so under the authority provided by Oregon’s Elderly Persons and Persons with Disabilities Abuse Prevention Act ORS 124.020(1)(f). [OJIN/ODYSSEY Event Code: **FQOR**]

**FEDERAL & STATE FIREARMS FINDINGS (18 USC 922(g)(8) (“BRADY”) AND ORS 166.250 to 166.270:** This Order may subject Respondent to federal and state prosecution for possession, receipt, shipping, transportation, or purchase of firearms or ammunition while it is in effect. This prohibition would apply whether or not the restraining order contains specific terms prohibiting the possession or purchase of firearms or ammunition. [OJIN/ODYSSEY Event Code: **ORBY**; LEDS Brady Code: **Y**]

The Court finds:

**A. Relationship:** The person protected by this Order is (*check at least one*):

- A spouse or former spouse of Respondent.
- The parent of Respondent’s child.
- A person who does or did cohabit (live in a sexually intimate relationship) with Respondent.
- Respondent’s child.
- A child of an intimate partner\* of Respondent (\*intimate partner is spouse/former spouse, cohabitant/former cohabitant, or parent of Respondent’s child).

**B. Notice and Opportunity to Participate:**

The Order was issued after a hearing of which Respondent received actual notice and at which Respondent had the opportunity to participate.

**C. Terms of Order:**

The Order restrains Respondent from harassing, stalking or threatening Petitioner or Petitioner's or Respondent's child/ren or engaging in other conduct that would place Petitioner in reasonable fear of bodily injury to Petitioner or Petitioner's or Respondent's child/ren; **AND**

Respondent represents a credible threat to the physical safety of Petitioner or Petitioner's or Respondent's child/ren; **OR**

This Order by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against Petitioner or Petitioner's or Respondent's child/ren that would be reasonably expected to cause bodily injury.

**FULL FAITH AND CREDIT PROVISIONS:** This Order meets all full faith and credit requirements of the Violence Against Women Act, 18 USC §2265. This Court has jurisdiction over the parties and the subject matter. Respondent was or is being afforded notice and timely opportunity to be heard as provided by Oregon law. This Order is valid and entitled to enforcement in this and all other jurisdictions.

*Judge Signature:*

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**NOTICE TO PETITIONER:**

The Sheriff is required by law to provide you with a true copy of the proof of service which shows when the Restraining Order has been served.

If you would like to also receive an email message and/or cell phone text message advising you of when the Restraining Order has been served on the Respondent and another message 30 days before the Order expires, please provide the information requested below. This information will be given to the sheriff's office in the county where the Restraining Order was obtained.

*This is voluntary—you are not required to provide this information.*

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

Your cell phone carrier (ATT, Verizon, etc.): \_\_\_\_\_

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

**Note:** If this information changes, you must notify the Sheriff's office of the new information in order to receive the notice by email or cell phone text message.

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

\_\_\_\_\_  
 Petitioner  
and  
\_\_\_\_\_  
 Respondent

)  
)  
) Case No.: \_\_\_\_\_  
)  
)  
)  
)  
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)  
)  
)

**CONFIDENTIAL INFORMATION FORM (CIF) FOR  
PERSON RESTRAINED (RESPONDENT) IN A  
Elderly Persons & Persons With Disabilities Abuse  
Prevention Act (EPPDAPA) CASE**  
 Amended CIF

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

**ATTENTION COURT STAFF: THIS IS A RESTRICTED-ACCESS  
DOCUMENT.**

The information below is about:  Respondent

Respondent's Name (Last, First, Middle): \_\_\_\_\_

The names of the parties and the children, as well as the children's ages, are NOT confidential.

Respondent's Date of Birth:
Employer's Name, Address, and Telephone Number:

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

COMPLETED AND SUBMITTED BY:

Petitioner

**NOTE TO COURT STAFF: Unless ordered or authorized under UTCRC 2.130, this Confidential Information Form is not available to the opposing party or his/her attorney, or to the public; except for the state and law enforcement.**

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

\_\_\_\_\_  
Petitioner (name of person to be protected) )  
(date of birth) )

by and through his/her Guardian Petitioner:

\_\_\_\_\_  
(name of Guardian Petitioner)

v.

\_\_\_\_\_  
Respondent (name of person to be restrained) )  
(date of birth) )

**NOTICE OF FILING OF:**

**CONFIDENTIAL INFORMATION FORM (CIF)**

**AMENDED CIF**

(Elderly Persons & Persons with Disabilities Abuse  
Prevention Act)

Case No. \_\_\_\_\_

**NOTICE: Confidential Information Form Has Been Filed**

- Uniform Trial Court Rule (UTCRC) 2.130 requires that parties to Elderly Persons & Persons with Disabilities Abuse Prevention Act (EPPDAPA) cases place certain information about themselves and other parties in a CIF when such information is required in a document filed with the court.
- The CIF is not available for public inspection except as authorized by law.
- Parties are allowed to see a CIF that contains information about them.
- A party who wants to see a CIF that contains information about another party must ask for permission from the court or the other party by following the procedures set out in UTCRC 2.130.

**I am the (check one box):**

Petitioner  Respondent  Guardian Petitioner \_\_\_\_\_

**I filed Confidential Information Forms with the court about the following parties to this case** (complete a section for each party for whom you have filled out a CIF):

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

Petitioner  Respondent

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

party's date of birth

employer's name, address, and telephone number

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

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

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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Signature	Print Name
Contact Address	City, State, Zip
	Contact Telephone

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