

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 (date of birth))
(person to be restrained) (See CIF))

**PETITION FOR
RESTRAINING ORDER
TO PREVENT ABUSE OF ELDERLY
PERSON OR PERSON WITH
DISABILITIES
(Sweepstakes)**

Case No. _____

(Check one):

I am the **Petitioner** and reside in _____ County, state of _____. I state that the information provided below is true:

Or:

I am the **Guardian Petitioner**. The elderly person or person with disabilities on whose behalf I am filing this petition is (Name) _____ who is a resident of _____ County, state of _____. I am the guardian guardian ad litem for the named elderly person or person with disabilities. I state that the information provided below is true:

Respondent is a resident of _____ County, state of _____.

GUARDIAN PETITIONERS: THROUGHOUT THIS FORM, 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.

The name and address to which Petitioner the elderly/disabled person on whose behalf the “guardian Petitioner” is filing, would have sent any payment for the goods or services promoted in the sweepstakes promotional materials received is:

Name of Respondent

Mailing Address of Respondent

City

State

Zip

1. **Check and fill out the section that applies to you:**

- I am 65 years of age or older. I am _____ years of age.
- I am a person with disabilities. Explain the nature of the mental or physical disability: _____

2. **Check and fill out the section(s) that apply:**

- A. Within the last 180 days, the Respondent mailed me sweepstakes promotions.
- B. I spent more than \$500 on sweepstakes promotions that I received in the United States mail from the Respondent in the past year.
- C. Petitioner/Guardian Petitioner feel the court's assistance is needed to protect me from incurring further expense on sweepstakes promotions from the Respondent.

NOTICE TO PETITIONER/GUARDIAN PETITIONER: Sweepstakes companies are allowed up to 150 days to stop sending you sweepstakes entry materials. For a time after the court issues a Restraining Order, you may receive additional solicitations from Respondent. However, beginning on the date the Restraining Order is issued, the Respondent must immediately reject any further orders from you and, if ordered by the court, must return promptly any money you send to the Respondent after the date the Restraining Order is issued.

3. Did the Respondent mail sweepstakes promotions to you within the last 180 days? Yes No

If yes, answer the following questions:

- A. Dates you received sweepstakes promotions from the Respondent: _____

- B. Address to which the Respondent mailed the sweepstakes promotions to you: _____

- C. Is the address to which the Respondent mailed the sweepstakes promotions the address where you reside? Yes No If no, please explain how and where you received the sweepstakes promotions from the Respondent: _____

- D. How did Respondent's sweepstakes promotions injure or threaten to injure you? _____

4. Are there incidents other than those described in question 3 above in which the sweepstakes promotions mailed by the Respondent injured or threatened to injure? If yes, explain: _____

5. I am in immediate and present danger of receiving further sweepstakes promotional mailings from the Respondent because: _____

6. There is is not another Elderly Persons and Persons With Disabilities Abuse Prevention Act, Family Abuse Prevention Act, or Stalking Order proceeding pending between Respondent and me.

If there is, answer the following:

It is filed in _____ (County), _____ (State), and I am the Petitioner

Respondent in that case. The case number of the case is: _____.

PETITIONER/GUARDIAN PETITIONER ASKS THE COURT TO ORDER HIS/HER REQUESTS AS MARKED ON THE ATTACHED RESTRAINING ORDER.

PETITIONER/GUARDIAN PETITIONER MUST NOTIFY THE COURT OF ANY CHANGE OF ADDRESS. ALL NOTICES OF HEARING WILL BE SENT TO THIS ADDRESS AND DISMISSALS MAY BE ENTERED IF THE PETITIONING PARTIES DO NOT APPEAR AT A SCHEDULED HEARING.

If you wish to have a residential address or telephone number withheld from Respondent, use a contact address and contact telephone number so the court and the sheriff can reach you if necessary.

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 Guardian Petitioner

Date: _____

Print or Type Name of Petitioner Guardian 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	City, State, Zip	Telephone or Contact Telephone Number
Use a Safe Contact address		Use a Safe Contact number

IN THE CIRCUIT COURT OF THE STATE OF OREGON
COUNTY OF _____

Petitioner (name of person to be protected)
 by and through his/her Guardian Petitioner:

(name of Guardian Petitioner)
v.

Respondent (person to be restrained)

(See CIF))
(date of birth))
)
)
)
)
)
(See CIF))
(date of birth))
)

**RESTRAINING ORDER
TO PREVENT ABUSE OF ELDERLY
PERSON OR PERSON WITH DISABILITIES
(Sweepstakes)**

Case No. _____

NOTICE TO THE RESPONDENT:

- You must obey all of the provisions of this Restraining Order, even if the Petitioner contacts you or gives you permission to contact him/ her.
- Violation of this Restraining Order may result in your arrest and in civil and/or criminal penalties. This order is enforceable throughout Oregon and in every other state. Review this order carefully.
- **See the attached “NOTICE TO RESPONDENT/REQUEST FOR HEARING” for more information about your rights to a hearing.**

The court, having reviewed the petition, makes the following findings:

JUDGE’S INITIALS

- A. The Protected Person is Petitioner _____ (Name of Person to be protected) has been abused by Respondent as defined by ORS 124.005; A. _____
- B. The abuse of the Protected Person by the Respondent occurred within the last 180 days as provided in ORS 124.010; B. _____
- C. The Protected Person is in immediate danger of further abuse. C. _____

IT IS HEREBY ORDERED that:

Petitioner’s/Guardian Petitioner’s Request

JUDGE’S INITIALS

- 1. Respondent is restrained from mailing to the Protected Person any sweepstakes promotions, effective on a date not less than 150 days from the date of this Order. 1. _____

Petitioner’s/Guardian Petitioner’s Request

JUDGE’S INITIALS

- 2. Respondent shall remove the Protected Person’s name from the Respondent’s sweepstakes promotion mailing list or shall place the Protected Person’s name on the Respondent’s list of persons to whom sweepstakes promotions may not be mailed. 2. _____

- 3. Respondent shall refund promptly any payment received in any form from the Protected Person after the date this Order is entered by the court. 3. _____
- 4. Other relief: _____ 4. _____
- 5. No further service is necessary because Respondent appeared in person before the court. 5. _____

IT IS FURTHER ORDERED that the SECURITY AMOUNT FOR violation of any provision of this order is \$5,000 unless otherwise specified. Other Amount: \$_____.

The above provisions of this Restraining Order to Prevent Abuse of Elderly Person or Person with Disabilities are in effect for a period of one (1) year from the date of the judge's signature (unless renewed before it expires) or until the Order is vacated, modified, or superseded, whichever occurs first.

IT IS HEREBY ORDERED that:

The Petition for Restraining Order to Prevent Abuse of Elderly Person or Person with Disabilities is:

- Granted
- Denied because: _____

DATED this _____ day of _____, 20__.

Judge Signature:

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): _____

Print Name, Petitioner Attorney for Petitioner OSB No. (if applicable) _____

Address or Contact Address _____ City, State, Zip _____ Telephone or Contact Telephone Number _____
Use a Safe Contact address 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)

*****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 _____

**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:** _____

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Petitioner)
(name of person to be protected))
 by and through his/her Guardian Petitioner:)

(name of Guardian Petitioner))

(See CIF))

(date of birth))

v.)

(See CIF))

Respondent)
(person to be restrained))

(date of birth))

DECLARATION OF PROOF OF SERVICE
(Elderly Persons and Persons With
Disabilities Abuse Prevention Act)
(Sweepstakes)

Case No. _____

I am a resident of the state of Oregon or of the state of service. I am a competent person 18 years of age or older. I am not an attorney for or a party to this case, or an officer, director, or employee of any party to this case.

On the _____ day of _____ (month), 20 _____ (year), I served the Restraining Order to Prevent Abuse of Elderly Person or Person with Disabilities; the Petition for Restraining Order to Prevent Abuse; Notice to Respondent/Request for Hearing; Notice to Elderly Person or Person with Disabilities/Objections Form/Request for Hearing; and other documents (list): _____

_____ in this case upon the above-named respondent elderly or disabled person in person (name): _____ in _____ County, state of _____, by delivering to the respondent or elderly or disabled person a copy of those papers, each of which was certified to be a true copy of the original.

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 is subject to penalty for perjury.

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.

Signature of Process Server

Print Name of Process Server

Address of Process Server

Telephone # of Process Server

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Respondent (person to be restrained)

(See CIF))
(date of birth))
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)
)
)
)
(See CIF))
(date of birth))
)

CERTIFICATE OF SERVICE BY MAIL
(Elderly Persons and Persons With
Disabilities Abuse Prevention Act - Sweepstakes)

Case No. _____

I, _____ (name,) certify that:

1. I am the Petitioner the Guardian Petitioner, or an authorized agent for the Petitioner, the attorney for the Petitioner/Guardian Petitioner.
2. On the _____ day of _____, 20____, I caused certified true copies of the Restraining Order to Prevent Abuse, the Petition for Restraining Order to Prevent Abuse, and the Notice to Respondent/Request for Hearing in this case to be served upon the above-named Respondent by mailing said documents in a sealed envelope with the postage prepaid by first class mail and by certified mail, return receipt requested, to the Respondent at the following address:

Name of Respondent

Address of Respondent

3. The above-listed address is the address to which the Petitioner, or the elderly/disabled person on whose behalf the petition was filed, would have sent any payment for the goods or services promoted in the sweepstakes promotions described in the original Petition for Restraining Order to Prevent Abuse.

Signature Print Name

Address (Use a safe contact address) Telephone # (Use a safe contact #)

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	City, State, Zip	Telephone or Contact Telephone Number
Use a Safe Contact address		Use a Safe Contact number

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COUNTY OF _____

Petitioner
(name of person to be protected)
 by and through his/her Guardian Petitioner:

(name of Guardian Petitioner)

(See CIF))

(date of birth))

)

)

)

)

)

v.

Respondent
(person to be restrained)

(See CIF))

(date of birth))

)

**NOTICE TO RESPONDENT/
REQUEST FOR HEARING**
(Elderly Persons and Persons With Disabilities
Abuse Prevention Act - Sweepstakes)

Case No. _____

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

TO RESPONDENT: A RESTRAINING ORDER HAS BEEN ISSUED BY THE COURT WHICH AFFECTS YOUR RIGHTS. THIS ORDER IS NOW IN EFFECT. You have a right to contest this order as set out below.

If you wish to contest the continuation of this order, you must complete this form and mail or deliver it to
(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 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 order remains in effect until the court that issued the order amends or dismisses it. It may also be renewed upon good cause shown, regardless of whether there has been a further act of abuse. If you are arrested for violating this order, the security amount (bail) is \$5,000, unless a different amount is ordered by the court. Violation of this order constitutes contempt of court and is punishable by a fine of up to \$500 or 1 percent of your annual gross income, whichever is greater, a jail term of up to six months, or both. Other sanctions may be imposed.

REQUEST FOR HEARING

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

- The Order restraining me from mailing the petitioner any sweepstakes promotion,
 - The Order requiring me to remove the petitioner from my (Respondent's) sweepstakes promotion mailing list, or placing the petitioner on a list of persons to whom sweepstakes promotions may not be mailed,
 - The Order requiring me (Respondent) to promptly refund any payment received in any form from the petitioner after the date the order is entered by the court.
 - Other: _____
-
-

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 following my signature below.

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*)

<u>Address or Contact Address</u> Use a Safe Contact address	<u>City, State, Zip</u>	<u>Telephone or Contact Telephone Number</u> Use a Safe Contact number
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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))

NOTICE TO ELDERLY PERSON OR PERSON WITH DISABILITIES/OBJECTIONS AND REQUEST FOR HEARING
(Elderly Persons and Persons with Disabilities Abuse Prevention Act – Sweepstakes)
Case No. _____

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

NOTICE TO _____ *(name of person on whose behalf the “Guardian Petitioner” is petitioning):*

A temporary restraining order has been issued by the court at the request of *(name of guardian petitioner)* _____ against *(name of respondent)* _____. This order is effective immediately and restrains 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 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 order remains in effect for one year, or until the court that issued the order amends 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 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.

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 City, State, Zip Telephone or Contact Telephone Number
Use a **Safe** Contact address Use a **Safe** Contact number