## FOR THE COUNTY OF Case No: Petitioner **MOTION TO DISMISS RESTRAINING** Filed by Guardian Guardian ad litem **ORDER and AFFIDAVIT IN SUPPORT** Ex Parte v. (Elderly Persons and Persons with Respondent Disabilities Abuse Prevention Act) **Motion** I am the Petitioner Guardian petitioner. Based on the *Affidavit* below, I ask this court to dismiss the Restraining Order. **Statement of Points and Authorities** ORS 124.030(2)(a) authorizes the court to terminate an Elderly Persons and Persons with Disabilities Restraining Order upon the notarized request of Petitioner or a Guardian Petitioner **Affidavit** The restraining order should be dismissed because:

IN THE CIRCUIT COURT OF THE STATE OF OREGON

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

## NOTE: YOU MUST SIGN THIS AFFIDAVIT IN FRONT OF A NOTARY OR COURT CLERK

Date	Signature	
	Name (print	red)
Contact Address (use a SAFE address)	City, State, ZIP	Contact Phone (use a SAFE number)
Attorney for Petitioner:		
Date	Signature	
OSB#	Name (print	red)
Address	City, State, ZIP	Phone
Notary:		
State of, Coun	ty of	
Signed and sworn to (or affirmed)   (name)		by
Signature of notarial officer	My c	ommission expires:
Title (and rank, if military officer)		