## IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF

| Petitioner |  |
| :---: | :---: |
|  | MOTION TO |
|  | DISMISS RESTRAINING |
| Filed by $\square$ Guardian $\square$ Guardian ad litem | ORDER and AFFIDAVIT |
|  | IN SUPPORT |
| v. | Ex Parte |
|  | (Elderly Persons and Persons with |
| Respondent | Disabilities Abuse Prevention Act) |

## Motion

I am the $\square$ Petitioner $\square$ 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:
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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

Submitted by $\square$ Petitioner $\square$ Guardian petitioner $\square$ Attorney for Petitioner

## Date

Signature

Name (printed)

Contact Address (use a SAFE address) City, State, ZIP Contact Phone (use a SAFE number)
Attorney for Petitioner:

Date
Signature

OSB\#
Name (printed)

Address
City, State, ZIP
Phone

Notary:
State of $\qquad$ , County of $\qquad$
Signed and sworn to (or affirmed) before me on (date) $\qquad$ by (name) $\qquad$

Signature of notarial officer
My commission expires: $\qquad$

Title (and rank, if military officer)

