

**ELDERLY PERSONS AND
PERSONS WITH DISABILITIES
ABUSE PREVENTION ACT
INSTRUCTIONS AND FORMS
TO OBTAIN A RESTRAINING ORDER
TO STOP SWEEPSTAKES PROMOTIONAL MAILINGS
PACKET E3**

Office of the State Court Administrator
Salem, Oregon

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

OBTAINING A RESTRAINING ORDER TO STOP SWEEPSTAKES PROMOTIONAL MAILINGS

ELDERLY PERSONS AND PERSONS WITH DISABILITIES ABUSE PREVENTION ACT

INSTRUCTIONS

This packet contains forms and instructions to assist you in obtaining a Restraining Order under a specific Oregon law that deals with mailing sweepstakes promotional material to an elderly, disabled or incapacitated person. The instructions are designed to give you information about how to fill out the forms.

If you need to obtain a Restraining Order to stop a Respondent from threatening or abusing you and your situation does NOT involve the receipt of sweepstakes promotional mailings, please use the forms and instructions in Packet No. E1, available from the court clerk.

WHAT IS A RESTRAINING ORDER?

A "Restraining Order" is an order of the court that orders the person or company named in the Restraining Order (the "Respondent") to stop causing sweepstakes promotions to be mailed to you, if you are an elderly, disabled or incapacitated person. The Restraining Order can also order the Respondent to remove you from the Respondent's sweepstakes promotion mailing list. It can also require the Respondent to refund any payment received after the date a Restraining Order is issued by the court.

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 seeking a restraining order to stop another person (the "Respondent") from mailing sweepstakes promotional material to an elderly, disabled or incapacitated person. 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.

WHO IS ELIGIBLE FOR A RESTRAINING ORDER?

Not everyone is eligible for a Restraining Order under the Elderly Persons and Persons With Disabilities Abuse Prevention Act. Check the eligibility list in the next section carefully to determine whether you are eligible to use the procedure and forms provided in this packet.

ELIGIBILITY REQUIREMENTS

You are eligible to use this Restraining Order procedure if:

You are 65 years of age or older **AND** you are NOT a resident of a long-term care facility;

OR

You are a “person with disabilities.” This means that you:

- you have a physical or mental impairment that substantially limits one or more major life activities; or
- you have experienced an injury to the brain caused by extrinsic forces where the injury results in the loss of cognitive, psychological, social, behavioral, or physiological function for a sufficient time to affect your ability to perform the activities of daily living;

OR

You are a guardian or guardian ad litem for an elderly or disabled person who meets the eligibility requirements described above;

AND

You received sweepstakes promotional material in the United States mail and spent more than \$500 in the preceding year on any sweepstakes promotions or any combination of sweepstakes promotions from the same service,

AND

You feel you need the court's assistance to prevent you from incurring further expense on sweepstakes promotions from the Respondent,

AND

The Respondent caused the sweepstakes promotional material to be mailed to you within the 180 days preceding the filing of the petition,

AND

You are in immediate and present danger of receiving further sweepstakes promotions from the Respondent.

HOW DO I FILL OUT THE PAPERWORK?

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](#)

You may either type or handwrite to fill out the forms. If you handwrite the forms, you must use a ball point, black ink pen only and you must print (no cursive) clearly. Answer each question carefully and tell the truth. Do not write in the parts of the papers that say, “Judge’s Initials.” If available, a court facilitator or advocate may be able to help you fill out the forms. They cannot answer legal questions.

As you fill out the forms, you must understand the definitions of “Sweepstakes,” and “Sweepstakes promotion,” that follow:

- Sweepstakes means a procedure for awarding a prize that is based on chance. It includes any such procedure in which a person is required to purchase anything, pay anything of value, or make a donation as a condition of winning a prize or of receiving or obtaining information about a prize. It also includes any such procedure that is advertised in a way that creates a reasonable impression that a payment of anything of value, purchase of anything, or making a donation is a condition of winning a prize or receiving or obtaining information about a prize.
- Sweepstakes promotion means an offer to participate in a sweepstakes.

WHAT HAPPENS ONCE I’VE FILLED OUT THE PAPERWORK?

After you complete the forms as directed in these instructions, you should present them to the court clerk. There is no fee for filing papers under the Elderly Persons and Persons With Disabilities Abuse Prevention Act.

WILL THERE BE A HEARING?

The court is required to hold a hearing on the day you file your papers or the next day that the court is open for business. The hearing may be done in person or, in some courts, by telephone. There is no hearing fee. The clerk will give you instructions about your hearing. The Respondent usually is not present at this hearing. At the hearing you can have witnesses to the abuse or adult protective services workers who have conducted an investigation testify concerning the abuse that you are complaining of.

If the judge decides that you qualify under the Elderly Persons and Persons With Disabilities Abuse Prevention Act, the judge must issue a Restraining Order. What protection the judge includes in the Restraining Order depends on what you ask for in the Restraining Order and the information the judge receives at the hearing.

Under the Elderly Persons and Persons With Disabilities Abuse Prevention Act, if you meet all of the eligibility criteria outlined above, the court can issue a Restraining Order to stop a Respondent from mailing sweepstakes promotions to you. The court can also order the Respondent to remove you from the Respondent's sweepstakes promotion mailing list. The court can also require the Respondent to refund any payment received after the date a Restraining Order is issued by the court.

HOW LONG DOES THE RESTRAINING ORDER LAST?

Once the judge signs the Restraining Order, it is in effect for one year unless it is ended earlier by the court at your request or unless the court renews it at your request. To renew the order, you must file the proper paperwork that can be obtained from the court.

WHO DO I SERVE WITH THE RESTRAINING ORDER AND HOW DO I SERVE THEM?

A copy of the Restraining Order must be "served on" (delivered to) the person or company that caused the sweepstakes promotions to be mailed to you. That person or company is called the "Respondent." The order must be given to the Respondent in person; or by mailing certified true copies of the petition and order by first class mail and by certified mail, return receipt requested, to the address to which you would have sent the payment for the goods or services promoted in the sweepstakes promotion; or in the manner directed by the court. 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 the persons.

GUARDIAN PETITIONERS

A copy of the Petition and Order must also be given to ("served on") the elderly or disabled person for whom you are guardian for *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 to request a hearing.

WHAT HAPPENS IF THE RESPONDENT OR ELDERLY/DISABLED PERSON REQUESTS A HEARING?

Within 30 days after receiving the Restraining Order, the Respondent or elderly/disabled person has the right to ask for a hearing. If such a request is made, the court must hold a hearing within 21 days following the request. If the Respondent or elderly/disabled person is represented by an attorney, the time for the hearing may be extended for up to five days to provide the other parties with time to seek legal representation. The judge may change or cancel the Restraining Order based on the information the judge receives at the second hearing.

The Respondent may request a hearing by filling out the "Respondent's Request For Hearing" portion of the "Notice To Respondent/Request for Hearing" form, and filing that form with the court clerk.

The elderly or disabled person may request a hearing by filling out the "Request For Hearing" portion of the "Notice to Elderly Person or Person With Disabilities/Objections and Request for Hearing" form, and personally filing or mailing that form to the court.

WHAT CAN I DO IF THE RESPONDENT DOES NOT OBEY THE RESTRAINING ORDER?

The Respondent can be arrested for violating the Restraining Order. The order will state the amount of security ("bail") to be posted if the Respondent is arrested for violating the order. The Respondent will be released if s/he is able to post 10 percent of this bail amount, but will still have to appear for trial. Violating a Restraining Order is contempt of court and is punishable by a fine of up to \$500 or 1 percent of Respondent's annual gross income, whichever is greater, a jail term of up to six months, or both. Other sanctions may be imposed.

There are also other things you may do to stay safe. When you receive this packet or when you file your papers with the court, you should receive information provided by the Seniors and Persons with Disabilities Division of the Department of Human Resources about the local adult protective services and local legal services available in your area. If you do not receive this information, ask the court clerk for a copy.

WHAT IF I NEED AN ACCOMMODATION OR AN INTERPRETER?

If you have a disability and need special help at the hearing or you are unable to speak English and need a foreign language interpreter at the hearing, you must notify the clerk immediately. You will need to tell the clerk specifically what specific disability you have and what type of assistance you need or prefer, or which language you speak.

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

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 (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:** _____

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))

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

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))
)

**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
--	-------------------------	--

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

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 _____

(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:

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))

**PETITIONER’S/ GUARDIAN PETITIONER’S
MOTION AND AFFIDAVIT IN SUPPORT
OF ORDER OF DISMISSAL**
(Elderly Persons and Persons With Disabilities
Abuse Prevention Act - Sweepstakes)
Case No. _____

Comes now Petitioner Guardian Petitioner, _____, and moves this court
for an order allowing the voluntary withdrawal and dismissal of the Restraining Order to Prevent Abuse of
Elderly Person or Person with Disabilities on file herein based on the following: _____

DATED this ___ day of _____, 20__.

Signature of Petitioner Guardian Petitioner

Print or Type Name of Petitioner Guardian Petitioner

STATE OF OREGON)
County of _____)

This instrument was acknowledged before me this _____ day of _____, 20__ by

(Print Name of Petitioner or Guardian Petitioner)

NOTARY PUBLIC FOR OREGON/COURT CLERK
My commission expires: _____

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>	<u>City, State, Zip</u>	<u>Telephone or Contact Telephone Number</u>
Use a Safe Contact address		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 OF DISMISSAL
(Petitioner's/Guardian Petitioner's Request)
(Elderly Persons and Persons With Disabilities
Abuse Prevention Act - Sweepstakes)
Case No. _____

Based on Petitioner's/Guardian Petitioner's Motion to Dismiss, IT IS ORDERED that:

- Motion Granted. The restraining order is TERMINATED. The Order shall be removed from LEDS/NCIC forthwith.
- Motion Denied. The Order CONTINUES IN EFFECT.
- Other: _____

IT IS SO ORDERED 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

SWEEPSTAKES ORDER OF DISMISSAL-PETITIONER'S OR GUARDIAN PETITIONER'S REQUEST

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.: _____
)
)
)
)
)
)
)
)

**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____

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