

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

Case No: \_\_\_\_\_

In the Matter of:

**EXTREME RISK  
PROTECTION ORDER  
PETITION**

**and AFFIDAVIT IN SUPPORT**  
(*Ex Parte if Not Renewal*)

\_\_\_\_\_  
Respondent

☐ **Renewal of Order**

➤ I need an interpreter: ☐ Spanish ☐ ASL ☐ other: \_\_\_\_\_

**PETITION**

I am the Petitioner named in the *Affidavit*. I believe Respondent is at risk for suicide or causing harm to another person in the near future. I ask the court to grant an *Extreme Risk Protection Order* to prohibit Respondent from owning, possessing, or acquiring deadly weapons, and to order surrender of deadly weapons to a law enforcement agency.

For Renewals only:

☐ An *Extreme Risk Protection Order* was issued for this Respondent on  
(date, if known): \_\_\_\_\_ and is currently in effect. This *Petition* is to renew  
the existing *Order* for one year, effective immediately upon expiration of the existing *Order*.

**AFFIDAVIT**

Petitioner's Information:

Name: \_\_\_\_\_

Relationship to Respondent:

- ☐ spouse  
☐ intimate partner  
☐ parent  
☐ child  
☐ sibling  
☐ living in the same household  
☐ law enforcement officer (DPSST#: \_\_\_\_\_)

Information about Respondent:

1. Respondent's Information:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_  
\_\_\_\_\_

c. Phone number: \_\_\_\_\_

d. State ID # (SID) if known: \_\_\_\_\_

- e. Name and address of any hospital or other institution where Respondent is now admitted on a temporary or permanent basis, or other facility where Respondent is or is known to stay:

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I believe Respondent is a risk to self or others now or in the near future because:

2. ☐ Respondent has a history of suicide threats or attempts (*explain*):

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3. ☐ Respondent has a history of acts of violence against other people (*explain*):

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4. ☐ Respondent has a history of use of physical force (or attempts / threats to use physical force) against another person (*explain*):

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5. ☐ Respondent has recently used controlled substances unlawfully (*explain*):

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6. ☐ Respondent has a history of unlawfully or recklessly using, displaying, or brandishing a deadly weapon (*explain*): \_\_\_\_\_

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7. ☐ Respondent previously violated a Family Abuse Prevention Act (FAPA) Restraining Order (*explain*): \_\_\_\_\_

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8. ☐ Respondent has acquired or attempted to acquire a deadly weapon within the past 180 days (*explain*): \_\_\_\_\_

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9. Respondent has been convicted of the following crimes:

- ☐ a misdemeanor involving violence (ORS 166.470)
- ☐ stalking (ORS 163.732 or 163.750) or a similar offense in another jurisdiction
- ☐ domestic violence (ORS 135.230)
- ☐ driving under the influence of intoxicants (ORS 813.010 or 813.011)
- ☐ an offense involving cruelty to or abuse of animals

10. Other information: \_\_\_\_\_

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☐ I prefer to appear at the hearing by electronic video transmission (remote appearance) and I will contact the court to arrange this

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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 in court and I am subject to penalty for perjury.**

☐ I want to testify directly to the judge instead of notarizing this *Petition*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone

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State of \_\_\_\_\_, County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on *(date)* \_\_\_\_\_ by  
*(name)* \_\_\_\_\_

\_\_\_\_\_  
Signature of notarial officer

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Title *(and rank, if military officer)*