## FOR THE COUNTY OF Case No: Petitioner **EX PARTE MOTION** AND AFFIDAVIT FOR **DISMISSAL OF** RESTRAINING ORDER Respondent (Person restrained) (Family Abuse Prevention Act) **Motion** I am the Petitioner. Based on the Affidavit below, I ask this court to dismiss the Restraining Order. **Statement of Points and Authorities** ORS 107.720(2) authorizes the court to terminate a Family Abuse Prevention Act Restraining Order upon the request of the Petitioner **Affidavit I am the Petitioner**. I want to dismiss the restraining order because:

IN THE CIRCUIT COURT OF THE STATE OF OREGON

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

Date	Petitioner Signature	
	Name (prir	nted)
Contact Address (use a SAFE address)	City, State, ZIP	Contact Phone (use a SAFE number)
Attorney for Petitioner:		
Date	Signature	
OSB#	Name (prir	nted)
Address	City, State, ZIP	Phone
Notary:		
State of, Cou	nty of	
Signed and sworn to (or affirmed) (name)		by
		commission expires: