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

		Case No:
and	Petitioner	MOTION TO WAIVE OR MODIFY NOTICE RE: GUARDIAN AD LITEM
	Respondent	
_	Motion	_
		d litem (GAL) ☐ the person needing a
GAL and I ask the court to \square w	vaive entirely or \square mod	lify (change) notice requirements, for
good cause (explain the change	es that you want)	
Charle		J A 1
	ement of Points an	
ORCP 27(H) permits the court, order regarding notice that is ju		to waive notice entirely or make any other e circumstances
	<u>Declaration</u>	<u>n</u>
I make this request because (ex	plain):	
	ey are made for use	true to the best of my knowledge as evidence in court. I understand I
Date	Signature	
	Name (pri	inted)

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

	Case No:
Petitioner/Plaintiff and	ORDER ON MOTION TO WAIVE OR MODIFY NOTICE RE: GUARDIAN AD LITEM
Respondent/Defendant	
A Motion to Waive or Modify Notice re: Guardiar (Name of Applicant)	
The court finds:	
Good cause to waive or modify: HAS been shown HAS NOT been shown	
Other findings:	
The court orders: The Motion is:	ORCP 27 are:
Other orders:	
Judge Signature:	
Certificate of Readiness This proposed order is ready for judicial signature beca ☐ Service is not required under UTCR 5.100 beca allowed by statute or rule; or ☐ in open court w	ause this judgment is submitted ex parte as

UTCR 5.100 on all par No objection h I received objection of to do so. I have for the conferring with the court	by of this order and written notice of the ties entitled to service (complete service as been served on me within that time firections that I could not resolve with the orded with the court a copy of the objection nunresolved. In about objections, the other party agreements and the court of the court o	information below) And: came other party despite reasonable efforts as I received and indicated which		
I certify that on	(date): I p	laced a true and complete copy of		
·	rder in the United States mail to (name)			
	der in the enited states man to (name)			
at (uuu1 ess)				
Submitted by Applicant				
Signature	 Prii	Print Name		
Date	Signature of Appli	cant		
	Name (printed)			
Contact Address	City, State, ZIP	Contact Phone		