

CHANGING A SEXUAL ABUSE PROTECTIVE ORDER

INSTRUCTIONS

Procedures vary from court to court. Check with your local court for filing instructions.

MAY I GET A SEXUAL ABUSE PROTECTIVE ORDER CHANGED?

Yes. A person can ask for these changes any time after the end of the 30 day period the Respondent has to ask for a hearing (as long as the Order has not expired or been terminated (ended) by a judge).

Modification of a Sexual Abuse Protective Order		
	If you want <i>less</i> restrictive terms:	If you want <i>more</i> restrictive terms:
If you are the Petitioner:	USE: Petitioner's Motion and Declaration for Less Restrictive Terms; and the Notice to Respondent/ Request for Hearing for Less Restrictive Terms	USE: Motion and Declaration re: Modifying Sexual Abuse Protective Order
If you are the Respondent:	USE: Motion and Declaration re: Modifying Sexual Abuse Protective Order in	USE: Motion and Declaration re: Modifying Sexual Abuse Protective Order

HOW DO I ASK FOR A CHANGE TO THE SEXUAL ABUSE PROTECTIVE ORDER?

The judge may sign an order at the Petitioner's request making terms less restrictive without requiring a hearing that the Respondent attends. The Respondent, however, may ask for a hearing once they receive a copy of that changed order.

If you fill out the Motion and Declaration re: Modifying Sexual Abuse Protective Order, the judge will probably sign an Order to Show Cause for the other party to appear. Some courts set a hearing when you file the papers. Some courts do not set a hearing until the other person has been served and given 30 days to respond. Check with the court clerk of the county that issued the Order to be sure you follow the right process.

WHAT HAPPENS NEXT?

After you file your papers, court staff will make copies for you. You will need to have one of the copies hand-delivered to the other person. A sheriff's deputy can do that (free in Oregon). A private process server or any adult, as long as the server lives in the state where the papers are served, can deliver the papers. You cannot serve the papers yourself. The server is required to complete and file with the court a certificate of service. The packet includes a form for service, but some servers use their own forms.

If your local court sets a hearing, it is very important for you to attend, or the judge may dismiss your request. **Be sure the court always has your current contact addresses and contact phone numbers so you get notice of any hearing.** Use safe contact addresses and contact phone numbers.

If you cannot go to the hearing due to an emergency, call the court clerk right away. If you have requested these changes in a court that does not schedule a hearing, please contact the court clerk to make sure you are following the correct procedures.

You may ask in writing, ahead of time, to appear by telephone or other method, such as video-conferencing.

DO I NEED A LAWYER?

You are not required to have a lawyer to modify the Sexual Abuse Protective Order. You can have a lawyer represent or help you if you wish. However, the law does not allow the court to appoint a lawyer for you.

If the other party asks for a hearing to modify or terminate the Order and is represented by a lawyer, you can ask the judge to extend the date of the hearing for up to five days so that you may get a lawyer.

If you need help finding a lawyer, call the Oregon State Bar's Lawyer Referral Service at 503.684.3763 or 800.452.7636. If you believe you cannot afford a lawyer, ask court staff if your area has a legal services (legal aid) program that might help you. You also can go to: www.oregonlawhelp.org.

WHAT IF I NEED AN ACCOMMODATION OR AN INTERPRETER?

If you have a disability and need accommodation, or you need a foreign language interpreter, you must tell the court as soon as possible, but at least four days before your hearing. Tell the clerk that you have a disability 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

Case No: _____

(Parent/Guardian of Minor Petitioner)
(use full names)

v.

**PETITIONER'S MOTION AND
DECLARATION FOR LESS
RESTRICTIVE TERMS**
(Sexual Abuse Protective Order)

Respondent
(full name of person restrained)

EX PARTE

MOTION

I am the Petitioner in this case. I ask the Court to make the *Sexual Abuse Protective Order (SAPO)* LESS RESTRICTIVE by allowing Respondent to: *(Explain the changes you want in detail)*

☐ go to the **following locations**: *(Include specifics like days, times, purposes, etc.)*

☐ have **contact with me**: *(Include specifics like whether contact can be in person, through another person, by phone/text/email/social media, for specific purposes, etc.)*

☐ Other:

STATEMENT OF POINTS AND AUTHORITIES

On a showing of good cause, ORS 163.775(2)(b) authorizes the court modify a Sexual Abuse Protective Order on Petitioner's request to make terms less restrictive.

DECLARATION

The following facts support the requested changes:

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.

Submitted by ☐ Petitioner ☐ Parent or guardian of Petitioner ☐ Attorney for Petitioner

<hr/> Date	<hr/> Petitioner Signature
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<hr/> Email	<hr/> Name (printed)
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<hr/> Contact Address <i>(use a SAFE address)</i>	<hr/> City, State, ZIP	<hr/> Contact Phone <i>(use a SAFE number)</i>
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Attorney for Petitioner:

<hr/> Date	<hr/> Signature
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<hr/> OSB#	<hr/> Name (printed)
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<hr/> Address	<hr/> City, State, ZIP	<hr/> Phone
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IN THE CIRCUIT COURT OF THE STATE OF OREGON
COUNTY OF _____

Petitioner

Case No: _____

(Parent/Guardian of Minor Petitioner)
(use full names)

**ORDER FOR LESS
RESTRICTIVE TERMS**
(Sexual Abuse Protective Order)

v.

EX PARTE

Respondent
(full name of person restrained)

NOTICE TO RESPONDENT

- All terms of the Sexual Abuse Protective Order previously ordered remain in effect, except as changed here. The changes are effective now.
- Violation of this Sexual Abuse Protective Order may result in your arrest and in civil and/or criminal penalties. This Order is enforceable in every county in Oregon, all 50 states, the District of Columbia, and all tribal lands and territories of the United States. Review this Order carefully.
- An attached Notice informs you that you may request a hearing if you DISAGREE with any of these less restrictive terms.

This matter came before the Court on *Petitioner's Motion and Declaration for Less Restrictive Terms*. The Court has considered Petitioner's motion and declaration.

THE COURT ORDERS THAT PETITIONER'S MOTION IS:

☐ **Denied**

☐ **Granted** based on a finding of good cause. The terms of the *Protective Order to Prevent Sexual Abuse* are modified as follows:

☐ In-person contact by Respondent is permitted subject to the following restrictions regarding place, time, frequency, subject matter, etc.:

☐ Third person contact is permitted by (name): _____
subject to the following restrictions regarding place, time, frequency, subject matter, etc.:

☐ Electronic contact is permitted by *(check all that apply)*:
☐ phone ☐ text message ☐ email ☐ social media ☐ other: _____
subject to the following restrictions regarding time, frequency, subject matter, etc.: _____

☐ Other: _____

Judge Signature:

The proposed order is ready for judicial signature under UTCR 5.100 because service of this order is not required by statute, rule, or otherwise.

Submitted by ☐ Petitioner ☐ Parent or guardian of Petitioner ☐ 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

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

Petitioner

Case No: _____

(Parent/Guardian of Minor Petitioner)
(use full names)

v.

**NOTICE TO RESPONDENT/
REQUEST FOR HEARING
FOR LESS RESTRICTIVE ORDER**

(Sexual Abuse Protective Order)

Respondent
(full name of person restrained)

THIS FORM MUST BE ATTACHED TO ALL COPIES OF THE SEXUAL ABUSE PROTECTIVE ORDER

**TO RESPONDENT: A SEXUAL ABUSE PROTECTIVE ORDER HAS BEEN ISSUED
THAT *CHANGES* THE TERMS OF THE SEXUAL ABUSE PROTECTIVE ORDER
ALREADY IN EFFECT. THE CHANGES ARE IN EFFECT NOW.**

THESE CHANGES MAKE THE ORDER LESS RESTRICTIVE ON YOU

If you disagree with the changes that have been made in the Order, you may request a hearing. You must file this request within 30 days after you receive this Order.

Only the changes the Petitioner asked for will be considered at this hearing. The court will not end (terminate) the SAPO at this hearing.

You must complete the attached "REQUEST FOR HEARING" form and mail or deliver it to this address:

(Court Name and Address)

REQUEST FOR HEARING
(To Be Completed By Respondent Only)

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

Petitioner

Case No: _____

(Parent/Guardian of Minor Petitioner)
(use full names)

**REQUEST FOR HEARING
ON LESS RESTRICTIVE ORDER**

v.

(Sexual Abuse Protective Order)

Respondent
(full name of person restrained)

I am the Respondent in this case. **I disagree with how the Order has been made less restrictive and request a hearing.**

1. I object to: *(check all that apply)*

- ☐ allowing me to go to locations that I was prohibited from going to before
- ☐ allowing me to have contact with Petitioner that was prohibited before
- ☐ Other: _____

I understand that:

- Only the changes Petitioner requested will be considered at this hearing
- The judge does not have authority at this hearing to terminate (end) the Order

2. ☐ I will be represented by an attorney at the hearing. The name and bar number of the attorney (if known) are: _____

3. I will need the following accommodations:

- ☐ I will need _____ language interpretation services at the hearing.
- ☐ I will need Americans with Disabilities Act accommodations at the hearing.

Date

Signature

Print Name ☐ Respondent ☐ Attorney for Respondent ☐ OSB No. *(if applicable)*

Contact Address City, State, Zip Contact Telephone Number

Email

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

Petitioner

Case No: _____

(Parent/Guardian of Minor Petitioner)
(use full names)

v.

**MOTION FOR ORDER TO
SHOW CAUSE RE: MODIFYING
SEXUAL ABUSE PROTECTIVE
ORDER (SAPO) and
DECLARATION IN SUPPORT**

Respondent
(full name of person restrained)

MOTION

I am the ☐ Petitioner (or Petitioner's parent/guardian) ☐ Respondent in this case. I ask the court to issue an *Order to Show Cause* requiring the other party to appear and show cause why this court should not grant the following changes to the *Sexual Abuse Prevention Order*:

STATEMENT OF POINTS AND AUTHORITIES

On a showing of good cause and at the request of either party, the court may modify the terms of a Sexual Abuse Protective Order. ORS163.775(2)(a).

DECLARATION

The following facts support the requested changes (*explain why you want the changes above*):

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.

Submitted by ☐ Petitioner ☐ Parent or guardian of Petitioner ☐ Attorney for Petitioner

Date

Petitioner Signature

Email

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

SERVICE INFORMATION

The Respondent will receive a copy of this information

If you do not want Respondent to know your residential address or phone number, use a contact address in the state where you reside or a contact phone number so the court and the sheriff can reach you if necessary. Check for mail at this address frequently. The court will assume that you receive all notices

PETITIONER:(Name) _____ ☐ Female ☐ Male ☐ Nonbinary

Residence/Contact Address (Use a safe address): Street, Apartment, City, State, ZIP _____ County _____

Contact Phone Number _____ (Use safe contact number)

Age _____ Race/Ethnicity _____ Height _____ Weight _____

Eye Color _____ Hair Color _____

RESPONDENT: (Name) _____ ☐ Female ☐ Male ☐ Nonbinary

Residence Address _____ County _____

Phone Number _____

Age _____ Race/Ethnicity _____ Height _____ Weight _____

Eye Color _____ Hair Color _____

PLEASE FILL OUT THIS INFORMATION
TO HELP WITH SERVICE OF THE RESTRAINING ORDER

Where is Respondent most likely to be found?

☐ Residence Hours _____ Address above

☐ Employment Hours _____

☐ Other: Hours _____ Address _____

Description of Vehicle _____

Is there anything about the Respondent's character, past behavior, or the present situation that indicates that Respondent may be a **danger** to self or others? (Explain): _____

Does Respondent have any **weapons, or access to weapons**? (Explain): _____

Has Respondent ever been **arrested for or convicted of** a violent crime? (Explain): _____

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

Petitioner

Case No: _____

(Parent/Guardian of Minor Petitioner)
(use full names)

CERTIFICATE OF SERVICE

(Sexual Abuse Protective Order)

v.

Respondent
(full name of person restrained)

I, (name) _____, declare that I am a resident of the
State of _____.

I am a competent person 18 years of age or older. I am not a party to or lawyer in this case, and not the
employee of a party.

I certify that on (date) _____ at (time) _____ (am/pm), I served the
Respondent named above by delivering the following documents in person to (address or location of service):_

I served true copies of the original (check all that apply):

- ☐ Protective Order to Prevent Sexual Abuse **or** ☐ Order Renewing Protective Order
☐ Petition for Order to Prevent Sexual Abuse **or** ☐ Petition to Renew Protective Order
☐ Notice to Respondent/Request for Hearing
☐ Instructions for Contesting a Sexual Abuse Protective Order (SAPO)
☐ Motion for Order to Show Cause re: Modifying Sexual Abuse Protective Order (SAPO) and Declaration in
Support and Order to Show Cause
☐ Petitioner's Motion and Declaration for Less Restrictive Terms (Sexual Abuse Protective Order)
☐ Other (name all forms or documents served): _____

**I hereby declare that the above statement is true to the best of my knowledge and belief. I
understand it is made for use as evidence in court and I am subject to penalty for perjury.**

Date

Signature of Server

Print Name

If person serving is NOT a sheriff or sheriff's deputy, address and phone number of server:

**NOTICE TO PETITIONERS RECEIVING ELECTRONIC NOTICE
ABOUT RESTRAINING ORDERS**

USE THIS FORM IF:

- You have already provided your email address or cell phone number to the sheriff's office to receive electronic notice when your *Protective Order* has been served or is about to expire

AND

- Your email address or cell phone number has changed

DO NOT FILE THIS FORM WITH THE COURT

The information below must be provided to the sheriff's office
in the county where the *Protective Order* was issued

If your contact address or phone number has changed, you must separately inform the court that issued the Order

A common time to use this form is when you are RENEWING or MODIFYING your protective order. This form can be used ANYTIME a protective order is in effect and you have changed your email address or cell phone number and still want to receive electronic notice from the sheriff's office about service or expiration.

**PETITIONER'S NOTICE TO SHERIFF'S OFFICE
OF CHANGE OF CONTACT INFORMATION**

Your Name: _____

Respondent's Name: _____

Court Case #: _____

County where *Order* Issued: _____

Your new cell phone number: _____

Cell Carrier (*AT&T, T-Mobile, Verizon. etc.*): _____

Your new email address: _____