

## **RENEWING A SEXUAL ABUSE PROTECTIVE ORDER**

### **INSTRUCTIONS**

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

#### **CAN I RENEW A SEXUAL ABUSE PROTECTIVE ORDER?**

You may ask the court to renew the Sexual Abuse Protective Order (SAPO) if you are still in reasonable fear for your safety.

#### **HOW DO I ASK FOR MY SEXUAL ABUSE PROTECTIVE ORDER TO BE RENEWED?**

If you want to renew the SAPO, fill out the forms in Packet #3 and submit them to the court where you obtained your original SAPO.

#### **WHEN CAN I ASK FOR MY SEXUAL ABUSE PROTECTIVE ORDER TO BE RENEWED?**

File your request with the court sometime **before** the original Order ends. Remember, the original SAPO lasts for 5 years unless one of the following applies:

- If you are under 18 years of age at the time the Order is entered, then the order lasts for 5 years or until you turn 19, whichever occurs later, or
- The court enters a permanent Order, or
- The Order is renewed, modified, or terminated.

The Order can be renewed for five years at a time if the judge finds it is objectively reasonable for a person in your situation to fear for their physical safety if the Order is not renewed. **To renew the Order, you must file the court paperwork before the Order ends.**

**You may lose your chance to apply if you do not file before the date the Order ends.**

#### **WHAT HAPPENS NEXT?**

After you file your renewal forms, the judge will decide if it is reasonable for a person in your situation to fear for their physical safety if the SAPO is not renewed. You do not have to prove that there has been any new abuse since the original Order was signed. You do have to explain why you want it renewed.

If the judge grants your renewal, court staff will make copies for you. You will need to have one of the copies hand-delivered to Respondent by a sheriff, a private process server, or any mentally competent person who is 18 or older, as long as the server lives in the state where the papers are served. You cannot serve the papers yourself. The server is required to complete and file with the court a certificate of service. There is a form in the packet, but some servers use their own forms. Talk to the court clerk about ways to get Respondent served.

The Respondent has 30 days from the date of service to ask for a hearing. If Respondent does not ask for a hearing, the renewed SAPO will stay in effect.

If Respondent asks for a hearing, the only issue the judge will consider is whether to continue or dismiss the SAPO, unless Respondent requests other issues in the hearing request form, and you agree, or Respondent has filed a request to modify the Order.

If Respondent asks for a hearing, it will be held within 21 days after receiving the hearing request. The court will mail you a notice of the hearing date and time or may notify you by phone. It is very important for you to give the court a reliable address and phone number where you can be contacted. If you do not appear at the hearing, your SAPO may be dismissed. **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.

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

### **DO I NEED A LAWYER?**

If you have questions about how the law works or what it means, you may need to talk to a lawyer. You are not required to have a lawyer to renew the SAPO, and the court will not appoint a lawyer for you, but you can have a lawyer represent or help you if you wish.

If the Respondent 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. The law does not authorize the judge to appoint an attorney for you.

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](http://www.oregonlawhelp.org).

### **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 and, instead, provide that information in a Confidential Information Form (CIF). "Confidential Personal Information" includes Social Security number; date of birth; former legal names; driver's license number; and employer's name, address, and telephone number. It also applies to information regarding a party or a party's child. On the pleading or document where that confidential 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  
Confidential Information Form for Protected Person (Petitioner) for Sexual Abuse Protective Order Cases  
Confidential Information Form for Person Restrained (Respondent) for Sexual Abuse Protective Order Cases  
Notice of Filing of Confidential Information Form for Sexual Abuse Protective Order Cases

### **WHAT IF I NEED AN ACCOMMODATION OR AN INTERPRETER?**

If you have a disability and need an 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)

**PETITION TO RENEW SEXUAL  
ABUSE PROTECTIVE ORDER**

v.

\_\_\_\_\_  
Respondent  
(full name of person restrained)

**NOTICE TO PETITIONER**

**You must provide complete and truthful information. If you do not, the court may dismiss your restraining order and may also hold you in contempt of court.**

**NOTICE TO PETITIONER**

**You must keep certain information (“confidential personal information”) out of any papers you file or submit to the court and, instead, provide that information in a Confidential Information Form (CIF). “Confidential Personal Information” includes Social Security number; date of birth; former legal names; driver’s license number; and employer’s name, address, and telephone number. It also applies to information regarding a party or a party’s child. On the pleading or document where that confidential personal information would otherwise appear, you must note that the information has been separately provided under **UTCR 2.130**.**

I am the Petitioner and I state the following information is true (*if parent or guardian of minor petitioner, use the minor’s information*):

1. I reasonably fear for my physical safety if the Sexual Abuse Protective Order is not renewed because: (*state why you are afraid if the Sexual Abuse Protective Order is not renewed. IMPORTANT: If there have been new acts of abuse, the judge will want to know about them. You do not need to show new acts of sexual abuse since the original Sexual Abuse Protective Order was issued.*)

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Additional pages attached labeled “Paragraph 1: Reason for Renewal”

I hereby ask the court to issue an Order renewing the Protective Order in this matter that was originally signed on (*date of original order*): \_\_\_\_\_ for a period of five years, and continuing the security amount set forth in the original Protective Order or in such other amount as the court deems appropriate.

- I am requesting the Order be Permanent, because (check all that apply):
- The Respondent has been convicted of a sex crime against me;
  - For the reasons explained below, I fear for my physical safety and the passage of time or a change in circumstances will not lessen my fear.

*These reasons could include: Respondent has a history of engaging in sexual abuse or domestic violence; the Respondent is related to me by blood or marriage and I am under 18; any vulnerabilities that are not likely to change over time; or any other information the court should consider.*

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**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.**

**Submitted by:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner, Parent or Guardian  
of Minor Petitioner

\_\_\_\_\_  
Print Name,  Petitioner, Parent or Guardian of Minor Petitioner  Attorney for Petitioner  
 OSB No. (*if applicable*)

\_\_\_\_\_  
Contact Address  
Use a **Safe** Contact address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Contact Telephone Number  
Use a **Safe** Contact number

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

\_\_\_\_\_  
Petitioner

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

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

**ORDER RENEWING SEXUAL  
ABUSE PROTECTIVE ORDER**

v.

\_\_\_\_\_  
Respondent  
(full name of person restrained)

**NOTICE TO RESPONDENT:**

**This Order continues the original or modified Protective Order and becomes effective immediately. Violation of the continued Protective Order may result in your arrest or 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. If you wish to contest the continuation of this Order, see your rights to a hearing described in the "Notice to Respondent/Request for Hearing" form attached to this Order.**

The court, having reviewed the Petition to Renew Sexual Abuse Protective Order, makes the following findings:

- It is objectively reasonable for a person in the Petitioner's situation to fear for their physical safety if the Sexual Abuse Protective Order in this matter is not renewed.
- No further service is necessary because the Respondent appeared in person before the court.

This matter coming before the court on the petition of the Petitioner, **IT IS HEREBY ORDERED that:**

- The Sexual Abuse Protective Order in this matter is renewed for a period of 5 years, expiring on (date): \_\_\_\_\_
- is permanent
- Other: \_\_\_\_\_

\_\_\_\_\_  
 The SECURITY AMOUNT for violation of any provision of this order or the original Sexual Abuse Protective Order is **\$5,000** unless otherwise specified here: Other Amount: \$\_\_\_\_\_

The Petition to Renew Sexual Abuse Protective Order is denied and dismissed because:  
\_\_\_\_\_  
\_\_\_\_\_

**THIS ORDER CONTAINS A FIREARMS PROHIBITION:** This Order (or the original Order that was continued or modified) contains a firearms and ammunitions prohibition. It is unlawful for Respondent to possess FIREARMS or AMMUNITION under **state law**. (ORS 163.765(1)(b)(E)).

**OTHER LAWS MAY ALSO APPLY TO YOU**

Whether or not a Sexual Abuse Protective Order is in effect, federal law may prohibit you from:

- Traveling across state lines or tribal land lines with the intent to injure Petitioner and then intentionally committing a crime of violence causing bodily injury to Petitioner.
- Causing Petitioner to travel across state lines or tribal land lines if your intent is to cause bodily injury to Petitioner or if the travel results in you causing bodily injury to the Petitioner.

**FIREARMS PROHIBITION AND DISPOSSESSION** (FOR COURT USE ONLY IF FIREARMS PROHIBITION WAS NOT PREVIOUSLY ORDERED)

**Judge's Initials**

- |   |       |
|---|-------|
| <input type="checkbox"/> Petitioner is a Minor  | _____ |
| <input type="checkbox"/> Petitioner and Respondent have a QUALIFYING RELATIONSHIP<br><i>(current or former spouses/Registered Domestic Partners, related by blood or marriage, current/former cohabitants, current/former sexually intimate relationship, unmarried parents of a minor child)</i> | _____ |
| <input type="checkbox"/> Respondent presents a CREDIBLE THREAT to Petitioner's physical safety  | _____ |
| <input type="checkbox"/> The court orders that Respondent is PROHIBITED from possessing firearms or ammunition <i>(Event: FQOR)</i>   | _____ |
| <input type="checkbox"/> Respondent is ordered to SURRENDER all firearms and ammunition in their possession according to the attached <i>Firearms Surrender Terms</i>   | _____ |



**SERVICE INFORMATION**

**PETITIONER:** \_\_\_\_\_  
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)

Birth Date \_\_\_\_\_ (see CIF) Age \_\_\_\_\_ Gender \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

\*\*\***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.

You will need to fill out a Notice of Filing of Confidential Information Form and a Confidential Information Form if you do not want to include certain information (“confidential personal information”) on this form. Information that can be protected includes birth dates. Where that information would otherwise appear on this form, you must note that the information has been separately provided under UTCR 2.130. You can ask the court clerk how to get the forms you need.

**RESPONDENT:** \_\_\_\_\_  
Name

Residence Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Birth Date \_\_\_\_\_ (see CIF) Age \_\_\_\_\_ Gender \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_



**PLEASE FILL OUT THIS INFORMATION  
TO AID IN SERVICE OF THE SEXUAL ABUSE PROTECTIVE ORDER**

**Where is the 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 they may be a **danger** to others? to themselves? 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

**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)
- Notice of Confidential Information Form (CIF) Filing
- 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:*  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Petitioner

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

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

**NOTICE TO RESPONDENT/  
REQUEST FOR HEARING**

v.

(Sexual Abuse Protective Order)

\_\_\_\_\_  
Respondent  
(full name of person restrained)

THIS FORM MUST BE ATTACHED TO SERVICE COPY OF ORDER RENEWING PROTECTIVE ORDER.

**TO RESPONDENT: THE SEXUAL ABUSE PROTECTIVE ORDER PREVIOUSLY ISSUED BY THE COURT HAS BEEN RENEWED (CONTINUED) AND REMAINS IN EFFECT.** The court has found that it is objectively reasonable for a person in the Petitioner's situation to fear for their physical safety if the Order is not renewed. This renewed Order becomes effective immediately.

**If you wish to contest the renewal of this Order, you must complete pages 3 and 4 and mail or deliver it to:**

\_\_\_\_\_  
(Name and 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 renewed. The only issue that will be considered at the hearing is the reason for the renewal unless the Petitioner agrees with your written request to hear other issues involving the Sexual Abuse Protective Order.

**Enforceability of the Sexual Abuse Protective Order**

The Sexual Abuse Protective Order you have received is in effect and remains in effect until the court that issued the Order modifies (changes) it, terminates (ends) it, or until it expires. If you are arrested for violating this Order, the security amount (bail) is \$5,000, unless a different amount is ordered by the court.

This Sexual Abuse Protective Order, or any Order continuing or changing this Order, is enforceable in every county in Oregon. It is also enforceable in all 50 states, the District of Columbia, tribal lands, and territories of the United States.

### **Violation of the Sexual Abuse Protective Order**

Violation of any part of this Sexual Abuse Protective Order, or any Order changing this Order, constitutes contempt of court, punishable by a fine of up to \$500 or one percent of your annual gross income, whichever is greater, or a jail term of up to six months, or both. Other consequences may also be imposed for contempt.

### **FIREARMS PROHIBITIONS MAY APPLY TO YOU**

If the firearms prohibition in Paragraph 7 of the Order is initialed by the judge:

- it is immediately unlawful for you to possess or purchase a firearm, including a rifle, pistol, or revolver, and ammunition under ORS 163.765(1)(b)(E).
- you could be subject to criminal penalties or contempt of court for violation of the firearms prohibition as soon as you are served with the Order.

### **Criminal Penalties for Firearms Possession** ([ORS 166.255\(1\)\(a\)](#))

You could be subject to criminal penalties for possessing firearms or ammunition effective the earlier of:

- (1) 30 days after you were served with the Order  
*Or, if you request a hearing:*
- (2) the date of the hearing if the Order is not dismissed *or*
- (3) the date of the hearing if you fail to appear at the hearing *or*
- (4) the date you withdraw your request for a hearing

**FIREARMS NOTIFICATION:** As a result of this Order, or any Order continuing or changing this Order, it may be unlawful for you to possess or purchase a firearm, including, a rifle, pistol, or revolver, or ammunition under federal, state, and local laws. 18 USC § 922(g)(8); ORS 166.250 to 166.270; and local law. This Order also may negatively affect your ability to serve in the Armed Forces of the United States or to be employed in law enforcement. If you have any questions about whether these laws make it illegal for you to possess or purchase a firearm, talk to a lawyer. (*42 USC §3796gg(4)(e) requires this notice*).

You may also be prohibited from:

- Serving in the Armed Forces of the United States or being employed in law enforcement. If you have any questions about how these laws apply to you, talk to a lawyer.
- Traveling across state lines or tribal land lines with the intent to violate this Order and then violating this order.
- Causing Petitioner to cross state lines or tribal land lines for the purpose of violating the order.

### **Other Laws May Also Apply To You**

Whether or not a Sexual Abuse Protective Order is in effect, federal law may prohibit you from:

- Traveling across state lines or tribal land lines with the intent to injure Petitioner and then intentionally committing a crime of violence causing bodily injury to Petitioner.
- Causing Petitioner to travel across state lines or tribal land lines if your intent is to cause bodily injury to Petitioner or if the travel results in you causing bodily injury to Petitioner.

**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  
RE: ORDER RENEWING SEXUAL  
ABUSE PROTECTIVE ORDER**

v.

\_\_\_\_\_  
Respondent  
*(full name of person restrained)*

I am the Respondent in the above-referenced action and I request the following:

**1. I am requesting a hearing to contest (object to) all or part of the Order Renewing Sexual Abuse Protective Order as follows *(check all that apply)*:**

- The basis for the renewal.
- Other term(s) of the Order *(be specific)*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. I  will  will not be represented by an attorney at the hearing.** The name and Bar Number of the attorney (if known) are: \_\_\_\_\_  
\_\_\_\_\_

**3. I  will  will not need the following accommodations:**

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

Notice of the time and place of the hearing can be mailed to me at the address below.

**Submitted by:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

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Contact Address	City, State, Zip	Contact Telephone Number
Use <b>Safe</b> Contact Address		Use <b>Safe</b> Contact Number

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

\_\_\_\_\_  
Petitioner

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

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

**ORDER AFTER HEARING**

v.

(Sexual Abuse Protective Order)

\_\_\_\_\_  
Respondent  
(full name of person restrained)

**Hearing Date:**

**Hearing Type:**

- 21 Day Hearing After Notice  
 Modification  Renewal

**Parties appearing:**

- Petitioner  Petitioner's lawyer:  
 Respondent  Respondent's lawyer:

Appearing by telephone or video:  Petitioner  Respondent

=====  
**FINDINGS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

=====  
**ORDERS:**

**THE SEXUAL ABUSE PROTECTIVE ORDER GRANTED TO PETITIONER ON (date)**  
\_\_\_\_\_ **IS:**

**TERMINATED** in its entirety, **AND THE PETITION IS DISMISSED.**

\_\_\_ After hearing (LEDS Staff XPO)

\_\_\_ At Petitioner's request (LEDS Staff CPO)

\_\_\_ Petitioner did not appear for the hearing (LEDS Staff XPO)

**CONTINUED** in its entirety.

**RENEWED** in its entirety. The renewed Sexual Abuse Protective Order expires on (date): \_

**CONTINUED/RENEWED but MODIFIED/AMENDED** as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: Except as modified or amended, all other portions of the Sexual Abuse Protective Order remain in effect.**

**SECURITY AMOUNT for VIOLATION OF THIS ORDER IS \$5,000** unless a different amount is specified here: OTHER SECURITY AMOUNT: \$\_\_\_\_\_

**THIS ORDER CONTAINS A FIREARMS PROHIBITION:** This Order (or the original Order that is continued) contains a firearms and ammunitions prohibition. It is unlawful for Respondent to possess FIREARMS or AMMUNITION under **state law**. (ORS 163.765(1)(b)(E)).

**FIREARMS PROHIBITION AND DISPOSSESSION** (FOR COURT USE ONLY IF FIREARMS PROHIBITION WAS NOT PREVIOUSLY ORDERED)

**Judge's Initials**

- |   |       |
|---|-------|
| <input type="checkbox"/> Petitioner is a Minor  | _____ |
| <input type="checkbox"/> Petitioner and Respondent have a QUALIFYING RELATIONSHIP<br><i>(current or former spouses/Registered Domestic Partners, related by blood or marriage, current/former cohabitants, current/former sexually intimate relationship, unmarried parents of a minor child)</i> | _____ |
| <input type="checkbox"/> Respondent presents a CREDIBLE THREAT to Petitioner's physical safety  | _____ |
| <input type="checkbox"/> The court orders that Respondent is PROHIBITED from possessing firearms or ammunition <i>(Event: FQOR)</i>   | _____ |
| <input type="checkbox"/> Respondent is ordered to SURRENDER all firearms and ammunition in their possession according to the attached <i>Firearms Surrender Terms</i>   | _____ |



**CERTIFICATES OF COMPLIANCE**  
**WITH THE VIOLENCE AGAINST WOMEN ACT**

**NOTICE TO RESPONDENT:** If you have questions about whether federal or state laws make it illegal for you to possess or purchase a firearm, or about how this Order affects your ability to serve in the military or be employed in law enforcement, talk to a lawyer.

**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:*

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This 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:**

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Date Signature of Petitioner, Parent or Guardian  
of Minor Petitioner

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Print Name,  Petitioner, Parent or Guardian of Minor Petitioner  Attorney for Petitioner  
 OSB No. (if applicable)

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Contact Address City, State, Zip Contact Telephone Number  
Use **Safe** Contact Address Use **Safe** Contact Number

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

\_\_\_\_\_  
Petitioner

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

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

**NOTICE OF FILING OF**  
 **CONFIDENTIAL**  
**INFORMATION FORM (CIF)**  
 **AMENDED CIF**

v.

(Sexual Abuse Protective Order)

\_\_\_\_\_  
Respondent  
(full name of person restrained)

**NOTICE: Confidential Information Form Has Been Filed**

- Uniform Trial Court Rule (UTCR) 2.130 requires that parties to domestic relations or other specified types of 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 UTCR 2.130.

I am the (check one)  Petitioner  Respondent in the above-entitled action.

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, 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, 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 I am subject to penalty for perjury.**

**Submitted by:**

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Date  Signature of Petitioner, Parent or Guardian of Minor Petitioner  
 Respondent Signature

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Print Name,  Petitioner, Parent or Guardian of Minor Petitioner  Respondent  
 Attorney for Petitioner  Attorney for Respondent  OSB No. (*if applicable*)

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Contact Address	City, State, Zip	Contact Telephone Number
Use <b>Safe</b> Contact Address		Use <b>Safe</b> Contact Number

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

\_\_\_\_\_  
Petitioner

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

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

**CONFIDENTIAL INFORMATION  
FORM (CIF) FOR PROTECTED  
PERSON (PETITIONER)**

v.

\_\_\_\_\_  
Respondent  
(full name of person restrained)

(Sexual Abuse Protective Order)

Amended CIF

**This document is not accessible to the public or other parties.  
Exceptions may apply. See UTCR 2.130.**

**ATTENTION COURT STAFF: THIS IS A RESTRICTED-ACCESS DOCUMENT.**

**The information below is about Petitioner.**

Name (Last, First, Middle): \_\_\_\_\_

**The names of the parties are NOT confidential.**

Date of Birth of Petitioner: \_\_\_\_\_

**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 I am subject to penalty for perjury.**

**Submitted by:**

\_\_\_\_\_  
Date

Signature of Petitioner, Parent or Guardian of Minor Petitioner  
 Respondent Signature

\_\_\_\_\_  
Print Name,  Petitioner, Parent or Guardian of Minor Petitioner  Respondent  
 Attorney for Petitioner  Attorney for Respondent  OSB No. (if applicable)

**NOTE TO COURT STAFF: This Confidential Information Form is not available to the opposing party or their attorney, or to the public; except for the state and law enforcement. See UTCR 2.130.**

**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 Protective 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 Protective 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 Protective Order was obtained.

*This is voluntary—you are not required to provide this information.*

Your cell phone number: \_\_\_\_\_

Your cell phone carrier (AT&T, 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

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

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

**CONFIDENTIAL INFORMATION  
FORM (CIF) FOR PERSON  
RESTRAINED (RESPONDENT)**

v.

\_\_\_\_\_  
Respondent  
(full name of person restrained)

(Sexual Abuse Protective Order)

Amended CIF

**This document is not accessible to the public or other parties.  
Exceptions may apply. See UTCR 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 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 I am subject to penalty for perjury.**

**Submitted by:**

**CONFIDENTIAL INFORMATION FORM FOR RESPONDENT IN SEXUAL ABUSE  
PROTECTIVE ORDER-UTCR 2.130 - Page 1 of 2**

(SAPO 11/2019)

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Date

Signature of Petitioner, Parent or Guardian of Minor Petitioner  
 Respondent Signature

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Print Name,  Petitioner, Parent or Guardian of Minor Petitioner  Respondent  
 Attorney for Petitioner  Attorney for Respondent  OSB No. (*if applicable*)

**NOTE TO COURT STAFF: Unless ordered or authorized under UTCR 2.130, this Confidential Information Form is not available to the opposing party or their attorney, or to the public; except for the state and law enforcement.**

**NOTICE TO PETITIONERS RECEIVING ELECTRONIC NOTICE  
ABOUT SEXUAL ABUSE PROTECTIVE ORDERS**

USE THIS FORM IF:

- You have already provided your e-mail address or cell phone number to the sheriff's office in the county to receive electronic notice when your *Sexual Abuse Protective Order* has been served or is about to expire  
AND
- Your e-mail 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 where the *Sexual Abuse Protective Order* was obtained.

***If your contact address or phone number has changed, you must separately inform the court where you obtained this Order.***

A common time for use of this form is when you are RENEWING or MODIFYING your Protective Order. This form can be used ANYTIME your *Sexual Abuse Protective Order* is in effect and you have changed your e-mail address or cell phone number and still want to receive electronic notice from the Sheriff's Office about service or expiration.

*This is voluntary—you are not required to provide this information. You are not required to participate in the electronic notice program.*

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

Petitioner's Name: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

Court Case Number: \_\_\_\_\_

County Where Order Obtained: \_\_\_\_\_

Your Cell Phone Number: \_\_\_\_\_

Your Cell Phone Carrier (AT&T, Verizon, etc.): \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_