

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

In the Matter of : ) Case No. \_\_\_\_\_  
)  
)  
\_\_\_\_\_, )  
Petitioner, )  
) **PETITION FOR STALKING**  
) **PROTECTIVE ORDER**  
) ORS 30.866  
and )  
)  
)  
\_\_\_\_\_, )  
Respondent. )

**NOTICE TO PETITIONER**

- You must provide complete and truthful information. If you do not, the court may dismiss the order and may also hold you in contempt of court.
- If you wish to have your residential address and telephone number withheld from the Respondent, use a contact address and telephone number so the court and sheriff can reach you.

1.  I (*write your name*), \_\_\_\_\_, request that the Court issue a Stalking Protective Order against (*write Respondent's name*) \_\_\_\_\_, requiring that Respondent stop all contact and avoid all contact with Petitioner (me).
2. I am \_\_\_\_\_ years old and a resident of \_\_\_\_\_ County, Oregon.
3. Respondent is \_\_\_\_\_ years old and a resident of \_\_\_\_\_ County, Oregon.
4. What is your relationship to Respondent? (*check one*)
  - Respondent is my spouse or former spouse.
  - Respondent is my registered domestic partner or former registered domestic partner.
  - Respondent and I have a child together.
  - Respondent and I cohabit (live together in sexually intimate relationship) or used to cohabit (live together in sexually intimate relationship).
  - I am Respondent's child.
  - I am a child of an intimate partner\*of Respondent (\*spouse/former spouse, parent of Respondent's child or cohabitant/former cohabitant).
  - Respondent and I are in dating relationship or used to be in a dating relationship.
  - Respondent is a family member. (*How are you and respondent related?* \_\_\_\_\_)
  - Respondent is a friend or former friend.
  - Respondent is a co-worker or used to be co-worker.
  - Respondent is a stranger.
  - other \_\_\_\_\_

**To qualify for a stalking protective order:**

- the Respondent must have intentionally, knowingly, or recklessly engaged in repeated and unwanted contact that alarmed (frightened) or coerced (forced) you or a member of your immediate family or household within the last two years,
- it is reasonable for you to feel alarmed or coerced and
- the contact made you reasonably fear for your physical safety or the safety of your household or family,

**You must provide details describing the conduct by Respondent that is repeated and unwanted contact. If you do not state facts to back up this application, it may be denied.**

Describe below in Section 5 any **unwanted contact** by Respondent within the **last two years**. List the most recent contact first, followed by the next most recent, etc. For each contact, write down the **location** (place), **date**, and **approximate time** of the contact. Explain what was alarming or coercive and who was alarmed or coerced.

**At least two separate incidents of unwanted contact must have happened.**

5A. Date/Time of last incident: \_\_\_\_\_

Location (include County and State): \_\_\_\_\_

Describe what happened and to whom: \_\_\_\_\_

5B. Date/Time of earlier unwanted contact: \_\_\_\_\_

Location (include County and State): \_\_\_\_\_

Describe what happened and to whom: \_\_\_\_\_

5C. Date/Time of earlier unwanted contact: \_\_\_\_\_

Location (include County and State): \_\_\_\_\_

Describe what happened and to whom \_\_\_\_\_

6. Explain why the unwanted contact was alarming or coercive: \_\_\_\_\_

7. Explain why the unwanted contact has made you afraid for your personal safety or the safety of a family or household member: \_\_\_\_\_

8. Explain why Respondent knew or should have known that his/her conduct was unwanted: \_\_\_\_\_

I have attached an additional page(s) detailing more unwanted and alarming/coercing contacts, and/or giving more information about the contacts described above.

9A. Were any of the spoken or written contacts a **threat** that made you afraid that serious personal violence or physical harm would happen to you very soon?

- No. You do not need to fill out questions 9A – 9D and can go to Question 10.
- Yes. The spoken or written contact(s) I described in 5A 5B 5C were such a threat.

**If you answered yes, you must also answer the following four questions:**

9B. Why did you believe that the threat was directed to **you**: \_\_\_\_\_

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9C. Why did you believe that the Respondent **intended to carry out** that threat: \_\_\_\_\_

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9D. Why did you believe that the Respondent **had the ability to carry out** that threat: \_\_\_\_\_

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9E. Explain why that threat made you **afraid of imminent serious personal violence or physical harm**: \_\_\_\_\_

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10. I want the court to order Respondent to complete a mental health evaluation and any recommended treatment as part of the Permanent Stalking Protective Order.  Yes  No

11. I will need an interpreter in court.  Yes  No

12. I believe the Respondent will need an interpreter in court.  Yes  No

13. If I hire an attorney to represent me in this case, I am asking that the court award me attorney fees pursuant to ORS 30.866(4) (c).  Yes  No

**Notice to Petitioner:**

This petition must be completely filled out, signed, and acknowledged by a notary public or court clerk before a judge can hear it. If the information in the petition does not meet the statutory requirements for a Stalking Protective Order, the Court will deny the petition. If the order is granted, be sure to appear at all scheduled court appearances or the order may be terminated. To help protect you or a member of your immediate family or household, you should take steps to enforce the order by contacting the police when and if the Respondent violates the order. Even then, this order may not protect you or a member of your immediate family or household against the Respondent's actions. If you feel you or a member of your immediate family or household are in immediate danger, you should contact the police by dialing 911.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address or **Contact** Address

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

\_\_\_\_\_  
Telephone or **Contact** Telephone

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

This instrument was SIGNED and SWORN to before me on \_\_\_\_\_, 20\_\_\_\_, (date)

by \_\_\_\_\_ (name of person(s)).

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_

**Certificate of Document Preparation.** (You are required to truthfully complete this certificate. Check all boxes and complete all blanks that apply):

- I chose this document for myself and I completed it without paying for help.
- I paid or will pay money to \_\_\_\_\_ for helping me prepare this form.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address or Contact Address

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

\_\_\_\_\_  
Telephone or Contact Telephone

**I certify that this is a true copy:**

\_\_\_\_\_  
Petitioner's Signature

**Information about Respondent**

*(What you write in the blanks below will make it easier to find and serve the Respondent with the order and to take care of any safety concerns the officers serving the order may face.)*

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ **(See CIF)**

Employer and Employer Address: \_\_\_\_\_ **(See CIF)**

Place most likely found: \_\_\_\_\_

During what hours: \_\_\_\_\_

Height/Weight: \_\_\_\_\_ Hair Color / Eye Color: \_\_\_\_\_

Physical Characteristics: \_\_\_\_\_

Description of Vehicle: \_\_\_\_\_

Access to Weapons? If so, what type? \_\_\_\_\_

Arrested or convicted of violent crime? *Explain* \_\_\_\_\_

Danger to Others? To Respondent himself/herself? *Explain* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_