

**ELDERLY PERSONS AND
PERSONS WITH DISABILITIES
ABUSE PREVENTION ACT
INSTRUCTIONS AND FORMS FOR OBTAINING
A RESTRAINING ORDER

PACKET E1**

Office of the State Court Administrator
Salem, Oregon

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PACKET E1

OBTAINING A RESTRAINING ORDER

**ELDERLY PERSONS AND PERSONS WITH DISABILITIES
ABUSE PREVENTION ACT**

INSTRUCTIONS

This packet contains forms and instructions to assist you in obtaining a Restraining Order under the Elderly Persons and Persons With Disabilities Abuse Prevention Act. The instructions are designed to give you detailed information about how to fill out the forms. **(If you need to obtain a Restraining Order to stop a person or company from mailing sweepstakes promotions, please ask the clerk for Packet E3.)**

A "Restraining Order" is an order of the court that orders the person named in the Restraining Order (the "Respondent") to stop threatening or abusing, and to stay away from you (the "Petitioner") or the elderly/disabled person you are filing on behalf of. The Restraining Order can order the Respondent to move out of or stay away from your home, job or school site. The police are required to enforce a Restraining Order. A person who violates a Restraining Order can be arrested, tried for contempt of court or any crimes committed, and if found guilty, can be fined or put in jail.

**IF YOU ARE AN ELDERLY PERSON OR A PERSON WITH DISABILITIES, AND A
"GUARDIAN PETITIONER" FILES A PETITION ON YOUR BEHALF, YOU RETAIN THE
RIGHT TO:**

- Contact and retain counsel;
- Have access to personal records;
- File objections to the restraining order;
- Request a hearing; and
- Present evidence and cross-examine witnesses at any hearing.

GUARDIAN PETITIONERS

You may also use this packet if you are a **guardian or guardian ad litem** for an elderly or disabled person on whose behalf you are filing for a restraining order to stop another person (the "Respondent") from threatening or abusing the person you represent. You must be the guardian or guardian ad litem for the elderly person or disabled person for whom you are filing. If you are using the packet for this purpose, you are called a **"GUARDIAN PETITIONER."**

THROUGHOUT THE FORMS AND INSTRUCTIONS, INFORMATION IS PROVIDED FOR AND REQUESTED ABOUT THE ELDERLY OR DISABLED PERSON YOU REPRESENT. AS A GUARDIAN PETITIONER, YOU ARE TO PROVIDE INFORMATION, NOT ABOUT YOURSELF, BUT ABOUT THE ELDERLY OR DISABLED PERSON ON WHOSE BEHALF YOU ARE SEEKING A RESTRAINING ORDER. Provide information about yourself as "guardian Petitioner" only where specifically requested.

If you have questions about how the law works or what it means, you may need to see a lawyer. The court clerk **cannot** give you any legal advice.

You do not have to have a lawyer to use this procedure, but you have the right to have a lawyer represent or help you. If you do not know a lawyer, you may call the Oregon State Bar's Lawyer Referral Service at (503) 684-3763 or toll-free by dialing 1-800-452-7636. If you believe you cannot afford a lawyer, ask the court staff if your area has a legal service (legal aid) program that might help you.

Not everyone is eligible for a Restraining Order under the Elderly Persons and Persons With Disabilities Abuse Prevention Act. Check the eligibility list below carefully to determine whether you are eligible to use the procedure and forms provided in this packet. If you are eligible, you may use the procedure whether or not you have left your residence or household to avoid abuse.

ELIGIBILITY REQUIREMENTS

You are eligible to use this Restraining Order procedure if:

You are 65 years of age or older;

OR

You are a “person with disabilities.” This means that

- you have a physical or mental impairment that substantially limits one or more major life activities; or
- you have experienced an injury to the brain caused by extrinsic forces where the injury results in the loss of cognitive, psychological, social, behavioral, or physiological function for a sufficient time to affect your ability to perform the activities of daily living;

OR

You are a guardian or guardian ad litem for an elderly or disabled person who meets the eligibility requirements described above;

AND

The abuse was committed within the 180 days* preceding the filing of the petition (*any period of time after the abuse occurred during which the Respondent was in jail or prison or lived more than 100 miles from your home does not count as part of the 180-day time period, and you may still be eligible for a Restraining Order);

AND

You are in immediate and present danger of further abuse from the Respondent;

AND

You are a victim of one or more of the kinds of "abuse" listed below:

- physical injury caused by other than accidental means, or that appears to be at variance with the explanation given of the injury;
- neglect that leads to physical harm through withholding of services necessary to maintain health and well-being;
- abandonment, including desertion or willful forsaking of you or the withdrawal or neglect of duties and obligations owed to you by a caregiver or other person;
- willful infliction of physical pain or injury;
- use of derogatory or inappropriate names, phrases or profanity, ridicule, harassment, coercion, threats, cursing, intimidation, or inappropriate sexual comments or conduct of such a nature as to threaten you with significant physical or emotional harm;
- wrongful taking or appropriation of your money or property, or alarming you by threatening that your money or property would be wrongfully taken or appropriated, and you reasonably believed that threat would be carried out;
- sexual contact that you did not consent to, or sexual contact to which you were incapable of consenting.

IMPORTANT

You CANNOT request a restraining order against a person who is your current court-appointed guardian or conservator. If you believe you are being subjected to abuse by your court-appointed guardian or conservator, you should notify the judge in the court where the guardianship or conservatorship is pending and consult with an attorney.

HOW DO I FILL OUT AND FILE THE PAPERWORK?

You may either type or handwrite to fill out the forms. If you handwrite the forms, you must use a ball point, black ink pen only and you must print (no cursive) clearly. Answer each question carefully and tell the truth. **If you wish to have your residential address or telephone number withheld from Respondent, use a contact address and contact telephone number so the court and sheriff can reach you if necessary.** Do not write in the parts of the papers that say, "Judge's Initials." If available, a court facilitator or advocate may be able to help you fill out the forms. They cannot answer legal questions.

You must file the Petition in either the county where you live or the county in which the Respondent lives. **If you are a "guardian Petitioner," you must file in the county where either the elderly/disabled person you represent or the Respondent resides (lives).** If the name of the county is blank on the form, fill in the name of the county in which you are asking for a Restraining Order.

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. You must instead, provide that information in a Confidential Information Form. “Confidential Personal Information” includes social security number; date of birth; former legal names; driver license numbers; and employer’s name, address, and telephone number. It also applies to information about a party or a party’s child. On the document where that protected 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

UTCR 2.130 Confidential Information Form for EPPDAPA Petitioners

UTCR 2.130 Confidential Information Form for EPPDAPA Respondents

UTCR Form 2.130.2 Notice of Filing of Confidential Information Form (CIF) or Amended CIF

This packet contains the following forms:

- Petition For Restraining Order to Prevent Abuse of Elderly Person or Person with Disabilities
- Restraining Order to Prevent Abuse
- Declaration of Proof of Service
- Notice to Respondent/Request for Hearing
- Notice to Elderly Person or Person With Disabilities/Objections and Request for Hearing
- Petitioner’s/Guardian Petitioner’s Motion and Declaration, and Order of Dismissal
- Order After Hearing

If you are filing the petition on your own behalf, write your name in the space on the left. (You are the "Petitioner.") **If you are filing as a “Guardian Petitioner,” you should put the name of the elderly or disabled person you are filing on behalf of and check the box for “Guardian Petitioner,” then write your name on the blank line provided.**

Write in the name of the Respondent (the person who has abused (hurt) or threatened you) and whom you want the court to order to stay away from you. Leave the "No.____" space blank until the court clerk gives you a case number. Indicate whether you are the Petitioner or the Guardian Petitioner. If you are the Petitioner, write in the name of the county and state in which you live. If you are the Guardian Petitioner, write in the name of the person you are filing on behalf of and the name of the county and state in which that person lives. Check the box to indicate whether you are the guardian or guardian ad litem of the elderly/disabled person you are filing on behalf of.

WHAT HAPPENS ONCE I’VE FILLED OUT THE PAPERWORK?

After you complete the forms as directed in these instructions, you should present them to the court clerk. There is no fee for filing papers under the Elderly Persons and Persons With Disabilities Abuse Prevention Act.

WILL THERE BE A HEARING?

After filing, a hearing is scheduled. The court is required to hold an “*ex parte*” (one side only) hearing on the day the papers are filed or on the next day that the court is open for business. The hearing may be done in person or, in some courts, by telephone. There is no hearing fee.

If the judge decides that you are eligible for a Restraining Order and are in immediate danger of further abuse, the judge must issue a Restraining Order. What protection the judge includes in the Restraining Order depends on what you ask for in the Restraining Order and the information the judge receives at the hearing.

Once the judge signs the Restraining Order, it is in effect for one year unless it is ended earlier by the court at your request or unless the court renews it at your request. To renew the order, you must file the proper paperwork that can be obtained from the court.

WHO DO I SERVE WITH THE RESTRAINING ORDER AND HOW DO I SERVE THEM?

A copy of the Restraining Order must be "served on" (delivered to) the person who has abused you. That person is called the "Respondent." The order must be given to the Respondent in person by the sheriff or other person who is qualified to serve legal papers unless the court finds that further service is unnecessary because the Respondent appeared in person before the court and received the papers. There is no service fee when the sheriff's office serves the order. If you arrange to have a private process server serve the papers, you will need to pay any fees to that person.

GUARDIAN PETITIONERS

A copy of the Restraining Order, Petition, and all related forms must also be given to (“served on”) the elderly or disabled person for whom you are guardian *within 72 hours after the court issues a restraining order*. The papers must be given to the elderly or disabled person “in person” by the sheriff or another person who is qualified to serve legal papers. *You cannot serve the papers on the elderly or disabled person yourself*. The elderly or disabled person must also be served with a NOTICE containing a statement of their rights, together with an objection form that the elderly or disabled person may complete and mail to the court to request a hearing.

WHAT HAPPENS IF THE RESPONDENT OR ELDERLY/DISABLED PERSON REQUESTS A HEARING?

Within 30 days after receiving the Restraining Order, the Respondent or elderly/disabled person has the right to ask for a hearing. If such a request is made, the court must hold a hearing within 21 days following the request. If the Respondent or elderly/disabled person is represented by an attorney, the time for the hearing may be extended for up to five days to provide the other parties with time to seek legal representation. The judge may change or cancel the Restraining Order based on the information the judge receives at the second hearing.

The Respondent may request a hearing by filling out the "Respondent's Request For Hearing" portion of the “Notice To Respondent/Request for Hearing” form, and filing that form with the court clerk.

The elderly or disabled person may request a hearing by filling out the “Request For Hearing” portion of the “Notice to Elderly Person or Person With Disabilities/Objections and Request for Hearing” form, and personally filing or mailing that form to the court.

WHAT CAN I DO IF THE RESPONDENT DOES NOT OBEY THE RESTRAINING ORDER?

The Respondent can be arrested for violating the Restraining Order. The order will state the amount of security ("bail") to be posted if the Respondent is arrested for violating the order. The Respondent will be released if s/he is able to post 10 percent of this bail amount, but will still have to appear for trial. Violating a Restraining Order is contempt of court and is punishable by a fine of up to \$500 or 1 percent of Respondent's annual gross income, whichever is greater, a jail term of up to six months, or both. Other punishments may be ordered.

There are also other things you may do to stay safe. When you receive this packet or when you file your papers with the court, you should receive information provided by the Seniors and People with Disabilities division of the Department of Human Services about the local adult protective services, domestic violence shelters, and local legal services available in your area. If you do not receive this information, ask the court clerk for a copy.

WHAT IF I NEED AN ACCOMMODATION OR AN INTERPRETER?

If you have a disability and need an accommodation, or you are unable to speak English and 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 what specific disability you have and what type of assistance you need or prefer, or which language you speak.

FACT SHEET

ELECTRONIC NOTIFICATION TO PETITIONER WHEN PROTECTION ORDERS HAVE BEEN SERVED AND PRIOR NOTIFICATION OF EXPIRATION

One of the most dangerous times for a victim is when service of a protection order occurs. Timely notice to the victim is essential so that they can plan for their safety. Current notification requirements under Oregon Revised Statutes (ORS) 107.720 require the Sheriff to provide the petitioner in a Family Abuse Prevention Act (FAPA) case with a true copy of the proof of service. This is done by sending the victim a copy of the, "Return of Service" form by mail. This can sometimes delay notifying the victim of service. ORS 124.020(8)(a) and (b) require the Sheriff in Elderly Person and Persons With Disabilities Abuse Prevention Act (EPPDAPA) cases, within 10 days of receiving a completed Petition and Order, to notify the victim if the Respondent has not been served with documents. ORS 107.720, 124.030, and 30.866(11) also require the Sheriff to enter information about the issuance and service of Restraining Orders into the Oregon State Police Law Enforcement Data System (OSP LEDS) in FAPA, EPPDAPA, and civil Stalking cases.

Some smaller communities may contact the victim by phone after service occurs and others may ask the victim to call them. Victims will call the Sheriff's Office and the court, oftentimes repeatedly, to find out if service occurred, generating call volume to the court and Sheriff's office.

The objective of this project is to provide notification regarding service of protection orders in FAPA, EPPDAPA, and Civil Stalking cases via cell phone text message or email. This notice is an ENHANCEMENT to the existing process. It is not meant to take the place of the requirement to send the victim a true copy of proof of service as required by statutes.

The box below is a copy of the new information box that will be included in the forms for Family Abuse Protection Orders (FAPAs), Elderly Persons and Persons with Disabilities Abuse Prevention Act (EPPDAPA) and Civil Stalking cases. This will reflect the required information if the petitioner opts to receive electronic notification.

NOTICE TO PETITIONER:

If you would like to receive an email message and/or cell phone text message advising you of when the Restraining 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 Restraining Order was obtained.

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

Your cell phone number : _____

Your cell phone carrier (ATT, 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.

Key facts:

- Petitioner would need to provide an email address or cell phone number in the new forms.
- This service is **optional**, not required.
- Petitioner is notified as soon as the information is entered into the Law Enforcement Data Systems (LEDS) by the Sheriff's Office.
- This is an **enhancement** to the existing process. It is *not* meant to take the place of the requirement for the Sheriff to send the victim a true copy of the proof of service as required by Oregon Revised Statutes which is accomplished by mail.
- This enhancement will be beneficial to the victims and the Sheriff's Office in providing more timely notification to the petitioner that the restraining order has been served.

The automatic message that will be sent to the petitioner for new protection orders states:

To petitioners' email address (if provided):

"Your protection order has been served by (agency name). Please do NOT reply to this email as it is an unmonitored mailbox. If you have any questions please contact (agency name) at (agency phone number)."

Text message to petitioners' cellular phone:

"Your protection order has been served by (agency name)"

Additional messages will be sent out to each email address and cellular phone number on file for each protected person as follows:

- Renewal notices when a modification to the expiration date transaction is entered into LEDS.
- And 30 days prior to the expiration of an active protection order.

Frequently Asked Questions:

Q: Is the cell phone number and email address kept confidential?

A: This information will not be provided to the opposing party or his/her attorney, or to the public; except for the state and law enforcement.

Q: What if I change my cell phone number or my e-mail address?

A: You would need to notify the Sheriff's office in writing in the county where the Restraining Order was obtained.

Q: Can I use the Advocate's organization email address?

A: This would be a decision of the individual organization. *You must have the permission of the organization to use their email address for notification.*

For questions or additional information about the forms, please contact the court where you are filing, modifying, or renewing the original restraining order.

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

Petitioner (name of person to be protected) (date of birth) (See CIF)---

by and through his/ her Guardian Petitioner

(name of Guardian Petitioner)

v.

Respondent (person to be restrained) (date of birth) (See CIF)----

**PETITION FOR RESTRAINING ORDER TO
PREVENT ABUSE OF ELDERLY PERSON OR
PERSON WITH DISABILITIES**

Case No. _____

NOTICE TO PETITIONER

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

Contact Address: If you wish to have your residential address or telephone number withheld from Respondent, use a contact address and telephone number so the court and the sheriff can reach you if necessary.

(Check one):

I am the **Petitioner** and reside in _____ County, state of _____. I state that the information provided below is true:

or

I am the **Guardian Petitioner**. The elderly person or person with disabilities on whose behalf I am filing this petition is (Name) _____ who is a resident of _____ County, state of _____. I am the guardian guardian ad litem for the named elderly person or person with disabilities. I state that the information provided below is true:

Respondent is a resident of _____ County, state of _____

GUARDIAN PETITIONERS: THROUGHOUT THIS FORM, INFORMATION IS PROVIDED FOR AND REQUESTED ABOUT THE ELDERLY OR DISABLED PERSON YOU REPRESENT. AS A GUARDIAN PETITIONER, YOU ARE TO PROVIDE INFORMATION, NOT ABOUT YOURSELF, BUT ABOUT THE ELDERLY OR DISABLED PERSON ON WHOSE BEHALF YOU ARE SEEKING A RESTRAINING ORDER.

Provide information about yourself as “guardian petitioner” only where specifically requested.

Check and fill out the section that applies to you:

I am 65 years of age or older. I am _____ years of age.

I am a person with disabilities. Explain the nature of the mental or physical disability:

1. CHECK AND FILL ANY SECTION(S) that apply to you and respondent.

A. Respondent and I have been living together since _____.
(date)

B. Respondent and I lived together from _____ to _____.
(date) (date)

C. I have been under the care of respondent since _____.
(date)

D. I was under the care of respondent from _____ to _____.
(date) (date)

E. None of the above.

2. To qualify for a restraining order, respondent must have done one or more of the following.
Within the last 180 days, respondent has:

A. Caused me physical injury by other than accidental means.

B. Attempted to cause me physical injury by other than accidental means.

C. Placed me in fear of immediate serious physical injury.

D. Caused me physical harm by withholding services necessary to maintain my health and well-being.

E. Abandoned or deserted me by withdrawing or neglecting to perform duties and obligations.

F. Willfully inflicted me with physical pain or injury.

G. Used derogatory or inappropriate names, phrases or profanity, ridicule, harassment, coercion, threats, cursing, intimidation or inappropriate sexual comments or conduct of such a nature as to place me in fear of significant physical or emotional harm.

H. Wrongfully taken or appropriated my money or property, or alarmed me by conveying a threat to me that my money or property would be wrongfully taken or appropriated, which threat I reasonably believed would be carried out.

I. Had nonconsensual sexual contact with me or sexual contact to which I was incapable of consenting.

3. Any period of time after the abuse occurred during which respondent was incarcerated (in jail or prison) or lived more than 100 miles from your home is not counted as part of the 180-day period, and you may still be eligible for a restraining order. Respondent was incarcerated from _____ (date) to _____ (date).

Respondent lived more than 100 miles from my home from _____ (date) to _____ (date).

4. Did the abuse happen within the last 180 days not including the times Respondent was incarcerated (in jail or prison) or lived more than 100 miles from your home? Yes No (Check one)

Date and location of abuse: _____

How did respondent injure or threaten to injure you?

5. Are there incidents other than those described in question 4 above in which respondent injured or threatened to injure you? If yes, explain:
6. I am in immediate and present danger of further abuse by respondent because:
7. In any of the above incidents:
Were drugs, alcohol, or weapons involved? Yes No (*Check one*)
Did you need medical help? Yes No (*Check one*)
Were the police or the courts involved? Yes No (*Check one*)
If you have checked yes to any of the above questions, explain:
8. A. There is is not another Elderly Persons and Persons With Disabilities Abuse Prevention Act, Family Abuse Prevention Act, or Stalking Order proceeding pending between respondent and me. It is filed in _____ County, State of _____, and I am the Petitioner Respondent in that case (*check one*). The case number of the case is: _____
- B. There is is not another lawsuit pending between respondent and me for divorce, annulment, or legal separation. If yes, type of lawsuit: _____
It is filed in _____ County, State of _____.
- C. There is is not a guardianship, conservatorship, or other protective proceeding pending in which either the respondent or I is a party. If yes, type of lawsuit: _____
It is filed in _____ County, State of _____.
9. Respondent may be required to move from your residence if: (a) it is in your sole name; (b) if it is jointly owned or rented by you and Respondent; or (c) if you and Respondent are married.
I do do not want Respondent to move from my residence.
My residence is: Owned Leased Rented by: _____ (*name*).
10. **FIREARMS PROHIBITION AND DISPOSSESSION** (*optional*)
I ask the court to prohibit Respondent from possessing firearms and ammunition and to order Respondent to surrender all firearms and ammunition currently in their possession because Respondent is a threat to my physical safety: (*explain why*)

Petitioner and Respondent have a QUALIFYING RELATIONSHIP:
spouses/Registered Domestic Partners (*current or former*)
cohabitants (*current or former*)
currently or formerly in a sexually intimate relationship (*current or former*)
adults otherwise related by blood or marriage

PETITIONER/GUARDIAN PETITIONER ASKS THE COURT TO ORDER HIS/HER REQUESTS AS MARKED ON THE ATTACHED RESTRAINING ORDER.

PETITIONER/GUARDIAN PETITIONER MUST NOTIFY THE COURT OF ANY CHANGE OF ADDRESS. ALL NOTICES OF HEARING WILL BE SENT TO THIS ADDRESS AND DISMISSALS MAY BE ENTERED IF THE PETITIONING PARTIES DO NOT APPEAR AT A SCHEDULED HEARING.

If you wish to have a residential address or telephone number withheld from respondent, use a contact address and contact telephone number so the court and the sheriff can reach you if necessary.

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

Signature of: Petitioner Guardian Petitioner Attorney for Petitioner/ Guardian Petitioner Date

Print or Type Name of: Petitioner Guardian Petitioner Attorney for Petitioner/ Guardian Petitioner

If you wish to have your residential address or telephone number withheld from Respondent, use a contact address or telephone number so the Court and the Sheriff can reach you if necessary.

Submitted by:

Print Name: Petitioner Guardian Petitioner Attorney for Petitioner/Guardian Petitioner OSB No. (*if applicable*)

Contact Address (use a **SAFE** address) City, State, Zip Contact phone number (use a **SAFE** number)

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

Petitioner (name of person to be protected) (See CIF)---
(date of birth)

by and through his/ her Guardian Petitioner

(name of Guardian Petitioner)

v.

Respondent (person to be restrained) (See CIF)----
(date of birth)

RESTRAINING ORDER TO PREVENT ABUSE
(Elderly Persons and Persons With Disabilities Abuse
Prevention Act)

Case No. _____

NOTICE TO THE RESPONDENT:

- You must obey all of the provisions of this Restraining Order, even if the Petitioner contacts you or gives you permission to contact him/ her.
- Violation of this Restraining Order may result in your arrest and in civil and/or criminal penalties. This order is enforceable throughout Oregon and in every other state. Review this order carefully.
- **See the attached “NOTICE TO RESPONDENT/REQUEST FOR HEARING” for more information about your rights to a hearing.**

The court, having reviewed the petition, makes the following findings:

JUDGE’S INITIALS

- A. The Protected Person is Petitioner _____ (name of person to be protected) **A.** _____
and has been abused by the Respondent as defined by ORS 124.005;
- B. The abuse of the Protected Person by the Respondent occurred within the last 180 days **B.** _____
as provided in ORS 124.010;
- C. The Protected Person is in immediate danger of further abuse. **C.** _____

IT IS HEREBY ORDERED that:

Petitioner’s/Guardian Petitioner’s Request

1. Respondent is restrained (prohibited) from abusing, intimidating, molesting, interfering with, or menacing the Protected Person, or attempting to abuse, intimidate, molest, interfere with or menace the Protected Person. **1.** _____
2. Respondent is restrained (prohibited) from entering or attempting to enter or be within _____ feet of the following locations: (Include names and address unless withheld for safety reasons.) **2.** _____
- The Protected Person’s residence,
- The Protected Person’s business or place of employment,
- The Protected Person’s school,

Other locations:

3. Respondent is restrained (prohibited) from: **3. _____**
- Contacting, or attempting to contact the Protected Person by telephone.
 - Contacting, or attempting to contact the Protected Person by mail.
 - Coming, or staying within 150 feet or _____ feet of the Protected Person.

Nothing in this restraining order prevents Respondent from appearing at or participating in a court (or administrative) hearing or other related legal process as a party or witness in a case involving the Petitioner. At these times, Respondent must stay at least _____ feet away from the Petitioner and follow any additional protective terms ordered in that case. Further, nothing in this order prevents Respondent from serving or providing documents related to a court (or administrative) case to the Petitioner in a manner permitted by law. However, Respondent may not personally deliver legally-related documents to the Petitioner.

4. Respondent shall move from and not return to the residence located at: **4. _____**
_____ except with a peace officer in order to remove essential personal effects of the Respondent, including, but not limited to: clothing, toiletries, medications, social security cards, birth certificates, identification, and tools of the trade.
5. A peace officer shall accompany the Protected Person, or his/her Guardian Petitioner **5. _____** to the parties' residence in order to remove essential personal effects including, but not limited to: clothing, toiletries, medications, social security cards, birth certificates, identification, and tools of the trade.
6. The Protected Person has been a victim of abuse involving the wrongful taking or appropriation of money or property. To prevent or remedy the wrongful taking or appropriation the following order(s) is/are made: **6. _____**
- a. The Respondent shall refrain from exercising control over the money or property of the elderly or disabled person. (Optional) The money or property that the Respondent is prohibited from exercising control over is as follows: **6a. _____**

 - b. The Respondent is required to return custody or control of the money or property of the elderly/disabled person to the elderly/disabled person. **6b. _____**
 (Optional) The money or property to be returned is as follows:

 - c. The Respondent is required to follow the instructions of the guardian or conservator of the elderly or disabled person. **6c. _____**
 - d. The Respondent is prohibited from transferring the money or property of the elderly or disabled person to any person other than the elderly or disabled person. **6d. _____**
 - e. Other (optional/See NOTE below): **6e. _____**

NOTE:

“Other” relief under Paragraph 6 to prevent or remedy the wrongful taking or appropriation of money or property CANNOT allow any person other than the elderly or disabled person to assume responsibility for managing the elderly or disabled person’s money or property, and relief cannot be granted that is more appropriately obtained in a protective proceeding filed under ORS chapter 125. [ORS 124.020(2)(a)]

- 7. Other relief: _____ 7. _____

- 8. No further service is necessary because Respondent appeared in person before the court. 8. _____

9. (FOR COURT USE ONLY) FIREARMS PROHIBITION AND DISPOSSESSION

Judge’s Initials

(Not required unless firearms terms are being ordered.)

- 9A. The court orders Respondent is PROHIBITED from possessing firearms or ammunition _____
- 9B. Respondent is ordered to SURRENDER all firearms and ammunition in their possession according to the attached *Firearms Surrender Terms* because both of the following are found:
 - Petitioner and Respondent have a QUALIFYING RELATIONSHIP *(current or former spouses/Registered Domestic Partners, current/former cohabitants, current/former sexually intimate relationship, adults related by blood or marriage, unmarried parents of a minor child)* _____
 - Respondent presents a CREDIBLE THREAT to Petitioner’s physical safety _____

FIREARMS NOTIFICATION

If Section 9 is initialed by the judge ordering that you are prohibited from possessing firearms or ammunition, you are immediately prohibited from purchasing or possessing any FIREARM, including a rifle, pistol, or revolver, and AMMUNITION (ORS 107.718(1)(h)).

If Section 9 is initialed ordering you to surrender firearms and ammunition, you will be prohibited from purchasing or possessing any firearms or ammunition under ORS 166.255 if:

- You request a hearing to contest this *Order* and the *Order* is not dismissed
 - You request a hearing to contest this *Order* but then withdraw your request
 - You request a hearing to contest this *Order* but do not attend the hearing
- or
- 30 days pass after you were served with or became aware of this *Order* and you do not request a hearing to contest this *Order*

Talk to a lawyer if you have questions about this

IT IS FURTHER ORDERED that the SECURITY AMOUNT for violation of any provision of this Order is **\$5,000** unless otherwise specified here: Other Amount: \$ _____.

The above provisions of this Restraining Order to Prevent Abuse of Elderly Person or Person with Disabilities are in effect for a period of one (1) year from the date of the judge’s signature (*unless renewed before it expires*) or until the Order is vacated, modified, or superseded, whichever occurs first.

IT IS HEREBY ORDERED that:

The Petition for Restraining Order to Prevent Abuse of Elderly Person or Person with Disabilities is:

Granted

Denied because: _____

Judge Signature:

Certificate of Readiness for Judicial Signature.

This proposed order is ready for judicial signature under UTCR 5.100 because this order is submitted ex parte as allowed by statute or rule.

Dated: _____ Submitted by (signature): _____

Print Name: Petitioner Guardian Petitioner Attorney for Petitioner/ Guardian Petitioner OSB No. (*if applicable*)

Contact Address (use a **SAFE** address) City, State, Zip Contact phone number (use a **SAFE** number)

RELEVANT DATA

Protected Person: _____ Female Male
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)

Birthdate (See CIF) Age _____ Race/Ethnicity _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

*****The 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.

RESPONDENT: _____ Female Male
Name

Residence Address _____

Telephone Number _____

Birthdate (See CIF) Age _____ Race/Ethnicity _____

Height _____ Weight _____ Eye Color _____ Hair Color _____



**PLEASE FILL OUT THIS INFORMATION
TO AID IN SERVICE OF THE RESTRAINING ORDER**

Where is 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 he or she may be a **danger** to others? to him/herself? 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
FOR _____ COUNTY

Petitioner (name of person to be protected) (date of birth) (See CIF)---

by and through his/ her Guardian Petitioner

(name of Guardian Petitioner)
v.

Respondent (name of person to be restrained) (date of birth) (See CIF)---

**CONFIDENTIAL INFORMATION FORM (CIF)
FOR PROTECTED PERSON (PETITIONER) IN
Elderly Persons and Persons with Disabilities
Abuse Protection Act (EPPDAPA)**

Case No. _____

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

The information below is about: **Petitioner**

Name (Last, First, Middle): _____

The names of the parties and the children, as well as children's ages, 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 are subject to penalty for perjury.

Date: _____ Signature: _____

Type or Print Name: _____

COMPLETED AND SUBMITTED BY:

Petitioner

NOTE TO COURT STAFF: This Confidential Information Form is not available to the opposing party or his/her 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 Restraining 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 Restraining 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 Restraining Order was obtained.

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

Your cell phone number: _____

Your cell phone carrier (ATT, 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 (name of person to be protected) (date of birth) **(See CIF)---**

by and through his/ her Guardian Petitioner

(name of Guardian Petitioner)

v.

Respondent (person to be restrained) (date of birth) **(See CIF)----**

**CONFIDENTIAL INFORMATION FORM (CIF)
FOR PERSON RESTRAINED (RESPONDENT) IN
A Elderly Persons and Persons With Disabilities
Abuse Prevention Act (EPPDAPA) CASE**

Amended CIF

Case No. _____

**This document is not accessible to the public or
other parties. 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 and the children, as well as the children's ages, 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 are subject to penalty for perjury.

Date: _____

Signature: _____

Type or Print Name: _____

COMPLETED AND SUBMITTED BY: Petitioner

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

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

Petitioner (name of person to be protected) (date of birth) (See CIF)---

by and through his/ her Guardian Petitioner

(name of Guardian Petitioner)

v.

Respondent (person to be restrained) (date of birth) (See CIF)----

NOTICE OF FILING OF:

CONFIDENTIAL INFORMATION FORM (CIF)

AMENDED CIF

(Elderly Persons & Persons With Disabilities Abuse
Prevention Act)

Case No. _____

NOTICE: Confidential Information Form Has Been Filed

- Uniform Trial Court Rule (UTCRC) 2.130 requires that parties to Elderly Persons & Persons with Disabilities Abuse Prevention Act (EPPDAPA) 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 UTCRC 2.130.

I am the (check one box):

Petitioner Respondent Guardian Petitioner _____

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, and 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, and telephone number

Dated this _____ day of _____, 20____

Signature Print Name

Contact Address City, State, Zip Contact Telephone

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

Petitioner (name of person to be protected) (date of birth) (See CIF)---

by and through his/ her Guardian Petitioner

(name of Guardian Petitioner)

v.

Respondent (person to be restrained) (date of birth) (See CIF)----

DECLARATION OF PROOF OF SERVICE
(Elderly Persons and Persons With Disabilities Abuse
Prevention Act)

Case No. _____

I am a resident of the state of Oregon or of the state of service. I am a competent person 18 years of age or older. I am not an attorney for or a party to this case, or an officer, director, or employee of any party to this case.

On the _____ day of _____ (month), 20 _____ (year), I served the Restraining Order to Prevent Abuse of Elderly Person or Person with Disabilities; the Petition for Restraining Order to Prevent Abuse; Notice to Respondent/Request for Hearing; Notice to Elderly Person or Person with Disabilities/Objections Form/Request for Hearing; and other documents (list): _____

_____ in this case upon the above-named respondent elderly or disabled person in person (name): _____ in _____ County, State of _____, by delivering to the respondent or elderly or disabled person a copy of those papers, each of which was certified to be a true copy of the original.

Dated _____

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

Signature of Process Server

Print Name

Address

City

State Zip

Telephone

DECLARATION OF SERVICE EPPDAPA - Page 1 of 1

(EPPDAPA 11/2019)

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

Petitioner (name of person to be protected) (date of birth) (See CIF)---

by and through his/ her Guardian Petitioner

(name of Guardian Petitioner)

v.

Respondent (person to be restrained) (date of birth) (See CIF)----

**NOTICE TO RESPONDENT/
REQUEST FOR HEARING**

(Elderly Persons and Persons With Disabilities Abuse
Prevention Act)

Case No. _____

THIS FORM MUST BE ATTACHED TO ALL COPIES OF THE RESTRAINING ORDER

TO RESPONDENT: A RESTRAINING ORDER HAS BEEN ISSUED BY THE COURT WHICH AFFECTS YOUR RIGHTS. THIS ORDER IS NOW IN EFFECT. You have the right to contest this Restraining Order as set out below.

If you wish to contest the continuation of this order, you must complete this form and mail or deliver it to (address of court): _

Requests for hearing must be filed within 30 days after you receive the order. You must include a contact address and contact telephone number with your request for hearing. The hearing will be held within 21 days. The only purpose of this hearing will be to determine if the terms of the order should be canceled, changed, or extended.

Enforceability of the Restraining Order

The Restraining Order you have received is in effect and remains in effect until the court modifies or dismisses it or until it expires. The order may also be renewed upon a finding that a person in the Petitioner's situation would reasonably fear further acts of abuse by you if the order is not renewed. 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 Restraining 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 Restraining Order

Violation of any part of this restraining order, or any order continuing or 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 Section 9 of the *Restraining Order* is initiated by the judge:

If 9A is initialed: Civil Penalties for Firearms Possession Apply

- it is immediately unlawful for you to possess or purchase a firearm, including a rifle, pistol, or revolver, and ammunition under ORS 124.020(1)(f)
- you are subject to contempt of court for violation of the firearms prohibition as soon as you are served with the *Order*

If 9B is initialed: Criminal Penalties for Firearms Possession Apply (ORS 166.255(1)(a))

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

(1) 30 days after you were served with or became aware of 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

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 the 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 Restraining Order is in effect, federal law may prohibit you from:

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

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

Petitioner (name of person to be protected) (See CIF)--- (date of birth)

by and through his/ her Guardian Petitioner

(name of Guardian Petitioner)

v.

Respondent (person to be restrained) (See CIF)---- (date of birth)

REQUEST FOR HEARING

(Elderly Persons and Persons With Disabilities Abuse
Prevention Act)

Case No. _____

I am the Respondent in the above-referenced action and I request a hearing to contest all or part of the Order as follows (check one or more):

The Order restraining me from contacting or attempting to contact the petitioner.

Other: _____

I will will not be represented by an attorney at the hearing.

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

If you wish to have your residential address or telephone number withheld from Petitioner, use a contact address or telephone number so the Court and the Sheriff can reach you if necessary.

Date: _____

Submitted by:

Signature

Print Name

OSB No. (if applicable)

Address or Contact Address
Use **safe** contact address

City, State, Zip

Telephone or Contact Telephone Number
Use **safe** contact number

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

Petitioner (name of person to be protected) (See CIF)---
(date of birth)

by and through his/ her Guardian Petitioner

(name of Guardian Petitioner)

v.

Respondent (person to be restrained) (See CIF)----
(date of birth)

**NOTICE TO ELDERLY PERSON OR PERSON
WITH DISABILITIES/ OBJECTIONS AND
REQUEST FOR HEARING**

(Elderly Persons and Persons With Disabilities Abuse
Prevention Act)

Case No. _____

THIS FORM MUST BE ATTACHED TO SERVICE COPY OF PETITION AND RESTRAINING ORDER

NOTICE TO _____ *(Name of person on whose behalf
the "Guardian Petitioner" is petitioning):*

A temporary restraining order has been issued by the court at the request of *(name of guardian petitioner)*
_____ against *(name of respondent)* _____.

This order is effective immediately and restrains the respondent from the actions specified in the order. If you
object to the continuation of this order or wish to request a hearing, you must complete this form and mail or
deliver it to *(address of court)*:

NOTICE OF RETAINED RIGHTS

Although this order was issued at the request of your guardian or guardian ad litem, you retain certain rights
including the right to:

1. Contact and retain counsel (lawyer, attorney, legal representative)
2. Have access to your personal records
3. File objections to the restraining order
4. Request a hearing
5. Present evidence and cross-examine witnesses at any hearing (or have your lawyer, attorney or
legal representative do so)

OBJECTIONS and REQUEST FOR HEARING

If you have objections to the restraining order, you may inform the court of them by filling out the information below and mailing it to the court at the address above. You may also request a hearing. 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. The only purpose of this hearing will be for the judge to determine if the terms of the court’s order should be canceled, changed, or extended. Keep in mind that this order remains in effect for one year, or until the court that issued the order amends or dismisses it. It may also be renewed upon good cause shown, regardless of whether there has been a further act of abuse.

OBJECTIONS

I, _____ (name), am the elderly person or person with disabilities who is the subject of the attached Restraining Order. I object to the Restraining Order for the following reasons (describe in detail): _____

REQUEST FOR HEARING

- I request a hearing to contest all or part of the Order as follows (mark one or more):
 - The Order restraining respondent from contacting or attempting to contact me.
 - Other (describe parts of the order you object to and want changed): _____

I will will not be represented by an attorney at the hearing.

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

Date: _____

Signature

Print Name

OSB No. (if applicable)

Address or Contact Address
Use **safe** contact address

City, State, Zip

Telephone or Contact Telephone Number
Use **safe** contact number

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

Petitioner (name of person to be protected) (date of birth) (See CIF)---

by and through his/ her Guardian Petitioner

(name of Guardian Petitioner)
v.

Respondent (person to be restrained) (date of birth) (See CIF)----

**PETITIONER'S/ GUARDIAN PETITIONER'S
MOTION AND AFFIDAVIT IN SUPPORT OF
DISMISSAL**
(Elderly Persons and Persons With Disabilities Abuse
Prevention Act)

Case No. _____

MOTION AND AFFIDAVIT

Comes the Petitioner Guardian Petitioner Attorney for Petitioner/ Guardian Petitioner,
_____, and moves Court for an order allowing the voluntary
withdrawal and dismissal of the Restraining Order to Prevent Abuse of Elderly Person or Person with
Disabilities on file herein based on the following: _____

Signature of Petitioner Guardian Petitioner
 Attorney for Petitioner/ Guardian Petitioner

Print or type name of Petitioner Guardian Petitioner
 Attorney for Petitioner/ Guardian Petitioner

STATE OF OREGON)
County of _____)

This instrument was acknowledged before me this _____ day of _____, 20__ by

(Print Name of Petitioner)

NOTARY PUBLIC FOR OREGON/COURT CLERK

My commission expires: _____

Submitted by:

_ Print Name Petitioner Guardian Petitioner Attorney for Petitioner/ Guardian Petitioner OSB No. (if applicable)

_ Contact Address (use a SAFE address) City State Zip Contact phone number (use a SAFE number)

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

Petitioner (name of person to be protected) (date of birth) **(See CIF)---**

by and through his/ her Guardian Petitioner

(name of Guardian Petitioner)
v.

Respondent (person to be restrained) (date of birth) **(See CIF)----**

ORDER OF DISMISSAL

(Elderly Persons and Persons With Disabilities Abuse
Prevention Act)

Case No. _____

Based on Petitioner's/Guardian Petitioner's Motion to Dismiss, IT IS ORDERED that:

Motion Granted. The restraining order is TERMINATED. The Order shall be removed from LEDS/NCIC forthwith.

Motion Denied. The Order CONTINUES IN EFFECT.

Other: _____

IT IS SO ORDERED

Judge Signature:

Certificate of Readiness for Judicial Signature.

his proposed order is ready for judicial signature under UTCR 5.100 because this order is submitted ex parte as allowed by statute or rule.

Dated: _____ Submitted by (signature): _____

Print Name: Petitioner Guardian Petitioner Attorney for Petitioner/ Guardian Petitioner OSB No. (if applicable)

Contact Address (use a SAFE address) City State Zip Contact phone number (use a SAFE number)

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

Petitioner (name of person to be protected) (date of birth) (See CIF)---

by and through his/ her Guardian Petitioner

(name of Guardian Petitioner)

v.

Respondent (person to be restrained) (date of birth) (See CIF)----

ORDER AFTER HEARING

(Elderly Persons and Persons With Disabilities Abuse Prevention Act)

Case No. _____

This matter came before the Court on _____, 20_____.

PETITIONER

- Appeared in person or by telephone/video
- Was served a copy of this Order in court today
- Did not appear
- Attorney: _____
- OSB# _____

RESPONDENT

- Appeared in person or by telephone/video
- Was served a copy of this Order in court today
- Did not appear
- Attorney: _____
- OSB# _____

FINDINGS: _____

Having heard the testimony, **IT IS HEREBY ORDERED THAT THE RESTRAINING ORDER OBTAINED BY PETITIONER ON _____, 20_____ IS:**

- DISMISSED** in its entirety. The Order shall be removed from LEDS/NCIC forthwith.
- CONTINUED** in its entirety.
- RENEWED** in its entirety. The renewed restraining order expires on: _____ (date).
- CONTINUED/RENEWED but MODIFIED/AMENDED** as follows: _____

The renewed restraining order expires on: _____ (date).

IMPORTANT: Except as modified or amended, all other portions of the Restraining Order remain in effect.

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

CERTIFICATES OF COMPLIANCE WITH THE VIOLENCE AGAINST WOMEN ACT

FIREARMS NOTIFICATION under 42 USC §3796gg-(4)(e): As a result of this Order, it **may** be unlawful for Respondent to possess, receive, ship, transport or purchase a **firearm or ammunition** pursuant to **federal law** under 18 USC §922(g)(8) and state law under ORS 124.020(1)(f) and ORS 166.250 to 166.270. This Order also **may** negatively affect Respondent’s ability to serve in the Armed Forces of the United States or to be employed in law enforcement. [OJIN/ODYSSEY Event Code: **NOGR**]

NOTICE TO RESPONDENT: If you have questions about whether federal or state laws make it illegal for you to possess or purchase a firearm, and/or about whether this Order will affect your ability to serve in the military or be employed in law enforcement, you should consult an attorney.

THIS ORDER CONTAINS A FIREARMS PROHIBITION: This Order (or the original Order that is continued) contains a firearms and ammunitions prohibition. Respondent SHALL NOT possess FIREARMS or AMMUNITION, and it is unlawful for Respondent to do so under the authority provided by Oregon’s Elderly Persons and Persons with Disabilities Abuse Prevention Act ORS 124.020(1)(f). [OJIN/ODYSSEY Event Code: **FQOR**]

FEDERAL & STATE FIREARMS FINDINGS (18 USC 922(g)(8) (“BRADY”) AND ORS 166.250 to 166.270: This Order may subject Respondent to federal and state prosecution for possession, receipt, shipping, transportation, or purchase of firearms or ammunition while it is in effect. This prohibition would apply whether or not the restraining order contains specific terms prohibiting the possession or purchase of firearms or ammunition.

The Court finds:

A. **Relationship:** The person protected by this Order is (*check at least one*):

- A spouse or former spouse of Respondent.
- The parent of Respondent’s child.
- A person who does or did cohabit (live in a sexually intimate relationship) with Respondent.
- Respondent’s child.
- A child of an intimate partner* of Respondent (*intimate partner is spouse/former spouse, cohabitant/former cohabitant, or parent of Respondent’s child).

B. Notice and Opportunity to Participate:

The Order was issued after a hearing of which Respondent received actual notice and at which Respondent had the opportunity to participate.

C. Terms of Order:

The Order restrains Respondent from harassing, stalking or threatening Petitioner or Petitioner's or Respondent's child/ren or engaging in other conduct that would place Petitioner in reasonable fear of bodily injury to Petitioner or Petitioner's or Respondent's child/ren; **AND**

Respondent represents a credible threat to the physical safety of Petitioner or Petitioner's or Respondent's child/ren; **OR**

This Order by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against Petitioner or Petitioner's or Respondent's child/ren that would be reasonably expected to cause bodily injury.

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:

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

Petitioner (name of person to be protected)

v.

Respondent (person to be restrained)

**MOTION TO APPOINT GUARDIAN AD LITEM
AND DECLARATION IN SUPPORT**

Case No. _____

Applicant Name (*First, Middle, Last*): _____

Person needing Guardian ad Litem (*First, Middle, Last*):

Applicant is the:

Petitioner

Proposed Guardian ad Litem (GAL)

Attorney for Petitioner

Other (*name and relationship to the person to be protected*):

The person needing a Guardian ad Litem (GAL) is a:

Petitioner

Respondent

Motion

I ask the Court to appoint a Guardian ad Litem for the person named above

Proposed Guardian Ad Litem:

I am willing to serve as Guardian Ad Litem in this case

I propose the following person as Guardian Ad Litem

Name (first, middle last): _____

Relationship: _____

Statement of Points and Authorities

Oregon Rules of Civil Procedure, Rule 27 requires that any minor party or any party who is incapacitated or financially incapable appear by Guardian ad Litem if the party does not already have a court-appointed guardian or conservator.

Appointment is to be made upon request of the minor party if the minor is 14 years old or older, or by request of another interested person if the minor is under 14 or is a defendant/respondent and does not apply within the time allowed. Appointment on behalf of an adult party must be made by a friend, relative, or interested person.

Declaration

The person needing a Guardian ad Litem (*check all that apply*):

Does not already have a legally appointed guardian or conservator

Is incapacitated or financially incapable as defined by ORS 125.005 (*explain below*)

Is a person with a disability as defined by ORS 124.005 (*explain below*)

I believe the proposed GAL is suitable because:

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.

Signature of Applicant Date

Submitted by:

Print Name : Petitioner Attorney for Petitioner/ Guardian Petitioner OSB No. (*if applicable*)

Contact Address (use a **SAFE** address) City State Zip Contact phone number (use a **SAFE** number)

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

Petitioner (name of person to be protected)

v.

Respondent (person to be restrained)

ORDER RE: GUARDIAN AD LITEM

Case No. _____

The court finds:

The adult needing a GAL:

- is **incapacitated or financially incapable** as defined in ORS 125.005
- has a **disability** as defined in ORS 124.005 and the appointment will assist the person in prosecuting or defending this action

Suitability

The proposed GAL is is not suitable

Notice

Notice of the *Motion* was provided as required *or* waived

Other findings: _____

The court orders: No GAL is appointed at this time

(Name of GAL): _____ is appointed Guardian ad Litem for
(party name) _____ in this case

Other orders: _____

Judge Signature:

Certificate of Readiness for Judicial Signature.

This proposed order is ready for judicial signature under UTCR 5.100 because this order is submitted ex parte as allowed by statute or rule.

Dated: _____ Submitted by (signature): _____

Print Name: Petitioner Attorney for Petitioner/ Guardian Petitioner OSB No. (if applicable)

Contact Address (use a **SAFE** address) City State Zip Contact phone number
(use a **SAFE** number)

**INSTRUCTIONS REGARDING FIREARMS - RESTRAINING OR STALKING ORDER
YOU MUST FOLLOW THESE INSTRUCTIONS!!!**

YOU MUST SURRENDER ALL FIREARMS WITHIN 24 HOURS AFTER UPHOLDING OF A CONTESTED ORDER, WITHDRAWAL OF A REQUEST FOR A CONTESTED HEARING, NON-APPEARANCE AT A CONTESTED HEARING OR THIRTY DAYS FROM SERVICE IF NOT CONTESTED AND SIGN AND RETURN THE “RESPONDENT’S/DEFENDANT’S DECLARATION OF FIREARMS SURRENDER” WITH APPROPRIATE ATTACHMENTS WITHIN TWO BUSINESS DAYS AFTER THIS DEADLINE.

1. **If you do not own or possess firearms**, check the first box and sign the form and file it with the Court and Tillamook County District Attorney’s Office.

2. **If you own firearms and wish to surrender them to law enforcement**, check the appropriate boxes and sign the form and file it with the Court and Tillamook County District Attorney’s Office. To surrender your firearms to law enforcement, you must immediately call the Tillamook County Sheriff’s Office at 503-815-3330 to arrange surrender. When you call, ask for the office manager or deputy sheriff. Inform the office manager or deputy sheriff that you are the Respondent in a restraining or stalking order that requires surrender of firearms. Follow the instructions you receive. Do not bring your guns to the Sheriff’s Office unless you have made prior arrangements with the office manager or deputy sheriff. If the office manager or deputy sheriff is not available, leave a detailed message and include your name, your telephone numbers, and the court case number. You will be contacted to make an appointment. **If you do not receive a call back within two hours, call again.** You must bring a copy of the court order to the Sheriff’s Office along with your guns. When you arrive at the Sheriff Office, **keep your unloaded guns locked inside your vehicle – in the trunk if possible.** Report to the Sheriff’s Office front window located in the lobby, give them a copy of the court order and inform them the guns are in your vehicle. The deputy sheriff or office manager will tell you what to do next. A representative of the Sheriff’s Office will sign the “Proof of Firearms Transfer” form. **You must attach this form to your Declaration prior to filing it with the Court and the Tillamook County District Attorney’s office.** Surrender to law enforcement must occur within 24 hours of the deadline explained above.

3. **If you own firearms and wish to transfer your firearms to a third party** rather than surrender them to law enforcement, check the appropriate boxes and sign the form and file it with the Court and Tillamook County District Attorney’s Office. In addition, the third party must sign the “Proof of Firearms Transfer” form and the “Third Party Recipient’s Declaration of Firearms Receipt” form. **You must attach these two forms to your Declaration prior to filing it with the Court and Tillamook County District Attorney’s Office.**

The third party must be approved by the Tillamook’s County Sheriff’s Office via an Oregon State Police background check as legally entitled to possess firearms. If the third party passes the background check you will be given an OSP background check number that you must write on both forms. If you choose this option, you must immediately call the Tillamook County Sheriff’s Office to arrange for this transfer. Transfer to a third party must occur within 24 hours of the deadline explained above.

4. **If you own firearms and wish to transfer your firearms to a licensed gun dealer** rather than surrender them to law enforcement or a third party, check the appropriate boxes and sign the form and file it with the Court and Tillamook County District Attorney’s Office. In addition, the licensed gun dealer must sign the “Proof of Firearms Transfer” form. **This transfer form must be attached to your declaration prior to filing it with the Court and the Tillamook County District Attorney’s Office.** Transfer to a licensed gun dealer must occur within 24 hours of the deadline explained above.

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

Petitioner (name of person to be protected) (date of birth) (See CIF)---

by and through his/ her Guardian Petitioner

(name of Guardian Petitioner)

v.

Respondent (person to be restrained) (date of birth) (See CIF)----

**RESPONDENT'S/ DEFENDANT'S
DECLARATION OF FIREARMS SURRENDER**

Case No. _____

Declaration

I am the Respondent/Defendant in this case. I am subject to a court order to surrender firearms.

Check one:

I had no firearms in my possession at the time of the court's order. I do not currently possess any firearms.

All firearms and ammunition in my possession have been transferred to:

a law enforcement agency (*name*): _____

a gun dealer (*name*): _____

a third party who does not live with me (*name*): _____

A proof of transfer or receipt is attached (*required*)

I am asserting my constitutional right against self-incrimination. I decline to make any statement about firearms.

I HAVE FILED COPIES OF THIS *DECLARATION* (AND THE *DECLARATION* FROM THIRD PARTY RECIPIENTS, IF ANY) WITH THE DISTRICT ATTORNEY (*required*)

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 Respondent/Defendant

Date

Signature of Respondent/Defendant

Name (printed)

Address

City, State, ZIP

Phone

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

PROOF OF FIREARMS TRANSFER

*Complete this form if you have received firearms and ammunition
from the respondent/defendant named below¹*

Name of person surrendering firearms: _____

Case #: _____

Date of transfer: _____

RECIPIENT'S INFORMATION:

I, *(full name)* _____ received firearms and/or
ammunition from the Respondent/Defendant named above

I am a: third party who does not live with Respondent/Defendant*

*OSP background check number: _____ *(required for third parties)*

licensed gun dealer

law enforcement agency representative *(agency name)*: _____

Ammunition was surrendered to me

The following firearms were surrendered to me:

Serial Number	Make and Model <i>(or description, if make/model unavailable)</i>

Additional page attached

Date

Signature of recipient

Name (printed)

¹Law enforcement and gun dealers may have their own proof of transfer or receipt forms. If so, attach that document to the *Respondent's/Defendant's Declaration of Firearms Surrender*.

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

Petitioner (name of person to be protected) (date of birth) (See CIF)---

by and through his/ her Guardian Petitioner

(name of Guardian Petitioner)

v.

Respondent (person to be restrained) (date of birth) (See CIF)----

**THIRD-PARTY RECIPIENT'S DECLARATION
OF FIREARMS RECEIPT**

Case No. _____

NOTICE TO RECIPIENT

You are subject to criminal and/or civil penalties if:

- You allow Respondent/Defendant access to firearms or ammunition during the time they are prohibited from possession
- You are subject to any court order prohibiting you from possessing firearms or ammunition

Declaration

I, *(full name)* _____ received firearms and/or ammunition surrendered by Respondent/Defendant

By my initials here → __ swear to the court that all the following statements are true

- I am aware that Respondent/Defendant is subject to a court order to surrender all firearms and ammunition and prohibited from possessing firearms or ammunition
- I am not a law enforcement officer or gun dealer or not acting in my official capacity as a law enforcement officer or gun dealer
- I do not live with Respondent/Defendant
- I completed a Proof of Transfer listing the firearms and/or ammunition Respondent/Defendant surrendered to me
- I passed a background check by a law enforcement agency or gun dealer *(required)*

The OSP background check number is: _____

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.

Date

Signature of Recipient

Name (printed)

Address

City, State, ZIP

Phone