**FORM A**

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

| | | |
|---|---|---|
| _____ | ) | Case No. _____ |
| Petitioner, | ) | |
| v. | ) | PETITION FOR STALKING |
| _____ | ) | PROTECTIVE ORDER |
| Respondent. | ) | |

**YOU MUST PROVIDE COMPLETE AND TRUTHFUL INFORMATION**.

1. Name of Person to be protected by the Order: _____
   Age: _____ Relationship to Petitioner: _____

2. Pursuant to ORS 30.866, Petitioner requests the Court to Order the Respondent to cease and refrain from any contact (as defined in ORS 163.730) with the person named in (1) above.

3. Description and Address of Respondent:
   Address: _____
   Height: _____ Weight: _____ Age: _____
   Hair Color: _____ Eye Color: _____ Birth Date: _____
   Race/Ethnicity: _____ Gender: _____
   Other physical characteristics: _____

4. Description of relationship (if any) between the person to be protected by a court order and the Respondent: _____
   _____
   _____.



1. There ☐ has not ☐ has been a ☐ Family Abuse Prevention Act Restraining Order or ☐ another Court's Stalking Protective Order against Respondent for the protection of Petitioner or Petitioner's immediate family member. Court: _____ Case No.:_____
   Details:_____
   _____
   _____

6. Description of Contact: Describe the **repeated** and unwanted contact by the respondent which has alarmed or coerced the person to be protected. Be as specific and detailed as possible. Include dates or approximate dates. **Attach additional sheets if necessary**. _____
   _____
   _____
   _____
   _____.

7. Explain any other circumstances that caused Petitioner or the person to be protected by the Order to be alarmed or coerced by the contact detailed in (6) above. _____
   _____
   _____
   _____
   _____

8. ☐ Petitioner requests this Court to order the Respondent to undergo mental health evaluation, and if

indicated by the evaluation, treatment.

_____
Signature of Petitioner

_____
Printed Name of Petitioner

STATE OF OREGON )
) ss.
County of _____ )
SUBSCRIBED AND SWORN TO before me this _____ day of _____, 200____.

_____
NOTARY PUBLIC FOR OREGON / COURT CLERK
My commission expires:_____

Submitted by: _____
Print Name

□ Petitioner
□ Attorney for Petitioner; OSB No. _____

_____
Address or Contact Address

_____
City State Zip

_____
Telephone or Contact Telephone Number(s)

**IF YOU WISH TO HAVE YOUR RESIDENTIAL ADDRESS OR TELEPHONE NUMBER WITHHELD FROM THE RESPONDENT, USE A CONTACT ADDRESS AND TELEPHONE NUMBER SO THE COURT AND THE SHERIFF CAN REACH YOU IF NECESSARY.**

**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 YOU DO NOT APPEAR AT A SCHEDULED HEARING.**