

**ELDERLY PERSONS AND  
PERSONS WITH DISABILITIES**

**ABUSE PREVENTION ACT**

**INSTRUCTIONS TO RENEW (CONTINUE)**

**A RESTRAINING ORDER**

**PACKET NO. E2**

Office of the State Court Administrator  
Salem, Oregon

Revised December 2003

**ELDERLY PERSONS AND PERSONS WITH DISABILITIES ABUSE PREVENTION ACT  
INSTRUCTIONS TO RENEW (CONTINUE) A RESTRAINING ORDER**

**PACKET NO. E2**

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Elderly PERSONS AND PERSONS WITH DISABILITIES ABUSE PREVENTION ACT  
INSTRUCTIONS TO RENEW (CONTINUE) A RESTRAINING ORDER

PACKET NO. E2

**I. INTRODUCTION**

This packet contains forms and instructions for a petitioner or “guardian petitioner” (a guardian or guardian ad litem filing on behalf of an elderly/disabled person) to ask the court to renew (continue) a Restraining Order under the Elderly Persons and Persons With Disabilities Abuse Prevention Act for another year. You must file the forms with the court clerk in the county where the court issued the original restraining order.

The instructions are designed to give you detailed information about how to fill out the forms. You can use the Table of Contents to find quickly the page number in the instructions where the form you are filling out is described.

**GUARDIAN PETITIONERS: THROUGHOUT THESE 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 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.

**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 are not required to have a lawyer to use these procedures, but you have the right to have a lawyer represent or help you. If you do not know a lawyer who will help you, you may call the Oregon State Bar’s Lawyer Referral Service at (503) 684-3763 or toll-free at 1-800-452-7636. If you believe that you cannot afford a lawyer, ask the court staff if your area has a legal services (legal aid) program that might help you.**

If you intend to complete the forms by hand, you should use black pen (blue does not show up well on copies) and print.

## II. OUTLINE OF PROCEDURES AND GENERAL INFORMATION

### A. Who Files

Only the petitioner or “guardian petitioner” (the person who asked for the original Restraining Order) may ask the court to renew the Restraining Order. The petitioner or “guardian petitioner” may ask the court to renew even if there are no new facts and even if there has been no new abuse since the original Restraining Order.

### B. When to File

You will need to file the necessary forms with the court to request that the original Restraining Order be renewed sometime before the original order ends. Remember, the original Restraining Order is effective for one year (365 days) after the judge signed it. If you want to renew the Order, you should file your papers at least one or two weeks before the end of that year period. If you file too early, the court might tell you to wait to see if your situation changes. If you file too late and the original Order ends before the court can renew it, you may have to start over and petition for a new restraining order and prove that abuse has reoccurred within the last six months.

### C. Forms

This packet contains six forms. The forms you need to complete to renew (continue) the Restraining Order are:

- **Petitioner's/Guardian Petitioner's Motion and Affidavit to Renew Restraining Order (Form 2A)**
- **Order Renewing Restraining Order (Form 2B)**
- **Affidavit of Proof of Service for Motion and Affidavit and Order Renewing Restraining Order (Form 2C) OR Certificate of Service by Mail (Form 2C-1)**
- **Notice to Respondent/Request for Hearing (Form 2D)**
- **Notice to Elderly Person or Person With Disabilities/Objections and Request for Hearing (Form 2E) (If applicable.)**
- **Certificate of Document Preparation (Form 2F) (if applicable)**

## III. FILLING OUT THE MOTION AND AFFIDAVIT TO RENEW RESTRAINING ORDER (FORM 2A)

The Petitioner's/Guardian Petitioner's Motion and Affidavit to Renew Restraining Order (Form 2A), called “Motion to Renew” in these instructions, contains a request to renew (continue) the Restraining Order based on reasons you give in a sworn statement (affidavit). The court may renew the Restraining Order for good cause shown, regardless of whether there has been a further act of abuse.

You may need a copy of your original Restraining Order. If you do not have a copy, ask the court clerk how to get a copy or how to look up the information you need from the original Order.

**A. Caption (Heading at Top of Form)**

If the name of the county is blank, fill in the name of the county in which the case was originally filed. (That should be the same county where the court signed the original Restraining Order.)

Fill in your name as petitioner or “guardian petitioner” just as it appeared in the original Restraining Order.

Fill in the case number as it appeared in the original Restraining Order.

Fill in the respondent's name as it appeared in the original Restraining Order.

**B. Motion**

Fill in your name as petitioner or “guardian petitioner” as it appears in the caption.

Fill in the date that the original Restraining Order was signed by the judge.

Sign your name in the blank, write in the date, and then print or type your name on the next line below.

**C. Affidavit**

Fill in the county where you are when you sign the Motion to Renew.

Fill in your name as petitioner or “guardian petitioner” just as it appears in the caption.

If you want the court to continue the Restraining Order based on the conditions of abuse described in your original Petition or previous Motion to Renew, check the first blank.

If you have additional reasons to renew the restraining order, check the second blank and then describe those reasons on the blank lines provided. Describe what happened or what facts you learned since the judge signed the original Restraining Order.

DO **NOT** SIGN THE AFFIDAVIT PORTION OF THE MOTION TO RENEW YET. Because it is a sworn statement, you must sign your name in the blank at line 17 **ONLY** in front of a notary public or the court clerk. Clearly print or type your name in the blank below your signature.

The notary public or court clerk will fill in the blanks between “SUBSCRIBED AND SWORN TO...” and his/her signature.

If you sign and complete this form yourself, print or type your name, address, and telephone number, and check the blank next to "Petitioner" or "Guardian Petitioner." **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.** You are responsible for making sure that all papers delivered to your contact address or agent are actually delivered to you. YOU MUST NOTIFY THE COURT OF ANY CHANGE OF ADDRESS. Please note that for the purposes of the forms in this packet, “address” means a residence, mailing, or contact address in the same state as your home (the place where you live).

(If your attorney completes this form, your attorney will mark the "Attorney" blank and will fill in his or her Oregon State Bar number, along with his or her name, address, and telephone number.)

#### **IV. FILLING OUT THE ORDER RENEWING RESTRAINING ORDER (FORM 2B)**

The Order Renewing Restraining Order (Form 2B), called "Order" in these instructions, is the official court document that the judge signs either to grant or to deny your request to renew the Restraining Order. If the judge grants your request, the Restraining Order will be effective for an additional year unless it is ended earlier by the court at your request or unless the order is vacated or modified, whichever occurs first.

##### **A. Caption (Heading at Top of Form)**

Fill in the caption as previously directed in these instructions. Be sure to include the case number on the right.

##### **B. The Rest of the Form**

Do not fill in the lines beneath the section "JUDGE'S INITIALS" through to the judge's signature. The court will complete these lines.

If you sign and complete this form yourself, print or type your name, address, and telephone number, and check the blank next to "Petitioner" or "Guardian Petitioner." You may use a contact address and contact telephone number if you need to keep your residence address and telephone number confidential. (If your attorney completes this form, your attorney will mark the "Attorney" blank and will fill in his or her Oregon State Bar number, along with his or her name, address, and telephone number.)

Under the heading "RELEVANT DATA" fill in the requested information on page 2 of the Order form (Form 2B).

This information helps the sheriff (or other person) identify the respondent when the person serves the order and helps police officers identify both you and the respondent when they enforce the order. You can also attach a photograph of the respondent to help the sheriff (or other person) identify the respondent.

**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 sheriff can reach you if necessary.** You are responsible for making sure that all papers delivered to the contact address or agent are actually delivered to you. YOU MUST NOTIFY THE COURT OF ANY CHANGE OF ADDRESS.

#### **V. FILLING OUT THE SERVICE FORMS (FORM 2C OR FORM 2C-1)**

The purpose of the service forms (Form 2C or Form 2C-1) is to show the court that the Motion to Renew and Order were delivered to the respondent; that way, the court knows that the respondent is aware of what the court has ordered. It is also used to show the court that the Motion to Renew, Order, and related documents were served on the elderly or disabled person if the motion is being filed by a "guardian petitioner."

The service forms are designed to be filled out by the person who delivers or mails the papers to the respondent. However, you may fill in the caption information now if you wish. For a description of "service," i.e., having legal papers "served" on the respondent, see Section XI. "Serving the Respondent or Elderly/Disabled Person."

**A. Caption (Heading at Top of Form)**

Fill in the caption as previously directed in these instructions. Be sure to include the case number on the right.

**B. The Rest of the Form**

The rest of the service forms should be filled in only after the respondent or elderly/disabled person has been served (see Section XI. of these instructions). If you have the sheriff's office or a private process server serve the papers on the respondent or elderly/disabled person, the person who serves the papers will fill in the rest of the blanks.

**VI. FILLING OUT THE NOTICE TO RESPONDENT/REQUEST FOR HEARING (FORM 2D)**

The purpose of the "Notice To Respondent/Request For Hearing" form (Form 2D) is to give the respondent important information about the renewal of the Restraining Order. This form must be attached to the copy of the Order served on the respondent.

**A. Caption (Heading at Top of Form)**

Write in the name of the county in which you are asking for the Restraining Order renewal.

Write in your name and your date of birth. Fill in the case number at the right on line 8.

Write in respondent's name and date of birth.

**B. The Rest of the Form**

Do not fill in the rest of the form. The respondent can use this form to request a hearing. If the respondent requests a hearing, the court will notify you of the date and time of the hearing and will send you a copy of the hearing request.

**VII. FILLING OUT THE NOTICE TO ELDERLY PERSON OR PERSON WITH DISABILITIES/ OBJECTIONS AND REQUEST FOR HEARING (FORM 2E)**

The purpose of the "Notice To Elderly Person or Person With Disabilities/Objections and Request For Hearing" form (Form 2E) is to give the elderly/disabled person important information about the renewal of the Restraining Order. This form must be attached to the copy of the Order served on the elderly/disabled person

**A. Caption (Heading at Top of Form)**

Write in the name of the county in which you are asking for the Restraining Order renewal.

Write in your name. Fill in the case number at the right.

Write in respondent's name.

**B. The Rest of the Form**

Do not fill in the rest of the form. The elderly/disabled person can use this form to file objections and/or request a hearing. If the elderly/disabled person requests a hearing, the court will notify you of the date and time of the hearing and will send you a copy of the hearing request.

**VIII FILLING OUT THE CERTIFICATE OF DOCUMENT PREPARATION FORM (FORM 2F)**

If one or more of the completed forms in this packet do not bear the name and bar number of an attorney, you must complete and give to the court the "Certificate of Document Preparation" form (Form 2F), along with the rest of the papers you file.

**A. Caption (Heading at Top of Form)**

Fill in the caption as previously directed in these instructions. Be sure to include the case number on the right.

**B. The Rest of the Form**

If you selected and completed the forms yourself without assistance from an attorney and without paid assistance from a person who is not an attorney, check the first blank.

If you paid or will pay money to a person who is not an attorney for assistance in preparing all the attached forms, check the second blank and write in that person's name.

If you paid or will pay money to a person who is not an attorney for assistance in preparing some but not all of the attached forms, check the third blank and write in the name of that person, and then list the documents that person helped you with. If you paid more than one person to assist you in preparing the forms, please indicate who helped you with which forms.

Sign your name, write in the date, then type or print your name below. Fill in your address or contact address and telephone or contact telephone number.

**IX. FILING YOUR PAPERS WITH THE COURT**

**A. Signing**

After you have completed the Motion to Renew (Form 2A); portions of the Order (Form 2B); portions of either Form 2C or Form 2C-1; portions of the Notice to Respondent/Request for Hearing (Form 2D); if applicable, portions of the Notice to Elderly Person or Person With Disabilities/Objections and Request for Hearing (Form 2E); and, if applicable, the Certificate of Document Preparation (Form 2F) as described above, take or mail these forms to the court clerk of the county that issued the original Restraining Order. If you have not yet signed the Affidavit portion of the Motion to Renew in front of a notary

public, ask the court clerk to watch you sign the Affidavit and acknowledge your signature. If you mail your papers or have someone else file them for you, be sure that you signed the Affidavit portion of the Motion to Renew before a notary public and that the notary public notarized it.

## **B. Copies**

The clerk will make the necessary number of certified true copies of the papers at no charge.

## **X. HEARING**

The court might hold a hearing, although it does not have to, before signing the Order. The court will hold a hearing later if the respondent or elderly/disabled person requests one. The clerk will notify you if the court wants you to appear at a hearing.

If you have a disability and need special help at a hearing or you are unable to speak English and need a foreign language interpreter at a hearing, you must notify the clerk as soon as possible, but no later than two judicial days before the hearing. You will need to tell the clerk specifically what type of disability you have or which language you speak and what type of assistance you need or prefer.

## **XI. SERVING THE RESPONDENT OR ELDERLY/DISABLED PERSON**

If the court grants your Motion and renews the Restraining Order, a "true" (certified) copy of the Motion to Renew and the Order must be "served on" the respondent to inform the respondent that the court has renewed the Restraining Order. The sheriff's office will serve the papers on the respondent unless you elect to have the respondent served personally by a private process server. If your Restraining Order involved sweepstakes promotions, you may elect to serve the respondent by mail (however, if you are a "guardian petitioner," you will still have to serve the elderly/disabled person you are renewing on behalf of by personal service). You, the petitioner, cannot serve the respondent.

Guardian Petitioners: A copy of the Motion to Renew and Order must also be given to ("served on") the elderly or disabled person that you are guardian for. The papers must be given "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, and to request a hearing. See Section VII, "Filling out the Notice to Elderly Person or Person with Disabilities/Objections and Request for Hearing (Form 2E)."

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.

If the respondent appeared in person before the court and already received a copy of the papers at that time, the court might decide that no further service is necessary. If that occurred, look at line 18 at page 1 of the Order Renewing Restraining Order (Form 2B) to see if the judge initialed that paragraph. If so, the respondent does not need another copy of the papers, and

you can skip to the next section of these instructions, Section XI. "Enforcement of the Renewed Restraining Order."

#### **A. Service by Sheriff**

The clerk will deliver to the sheriff a set of "true" copies of the papers unless you want to deliver them to the sheriff yourself. Let the clerk know if you want to deliver the papers to the sheriff.

If the sheriff's office serves the papers, that office will finish completing the Affidavit of Proof of Service (Form 2C) and file it with the court. The sheriff's office will follow the same procedure it used to serve the original Restraining Order.

If the sheriff cannot serve the respondent or elderly/disabled person within ten (10) days, the sheriff will notify you by mail. You then have ten (10) days to give the sheriff's office additional information to help the sheriff find and serve the respondent or elderly/disabled person. If you do not respond within ten days of the sheriff's notice to you, the sheriff will hold your papers for future service and file a return with the court clerk showing that service was not completed.

#### **B. Private Service**

You may have someone other than the sheriff serve the papers. Any person (except you, your attorney, or your employee) who is mentally competent, 18 years of age or older, and a resident of Oregon or of the state of service may serve the papers. If you have someone other than the sheriff serve the paper, be sure that:

- (1) the person who served the respondent completes the Affidavit of Proof of Service (Form 2C) and signs it **only** in front of a notary public or the court clerk;
- (2) the notary public notarizes or court clerk "acknowledges" the signature of the person signing the Affidavit of Proof of Service; and
- (3) the Affidavit of Proof of Service is filed with the court clerk.

If you have the papers served by someone other than the sheriff's office, you must make sure that the Affidavit of Proof of Service (Form 2C) is filed with the court clerk. The court clerk will then forward the papers to the sheriff's office so that the information can be entered into the law enforcement computer. If you don't want to wait for the court clerk to forward the papers to the sheriff, you can deliver to the sheriff's office a true copy of the Affidavit of Proof of Service and a true copy of the Petitioner's Motion and Affidavit to Renew and the Order Renewing Restraining Order yourself, or you can arrange to have these papers delivered to the sheriff's office by a private person. Let the clerk know if you plan to deliver the papers to the sheriff yourself or by arrangement with a private person.

If the sheriff determines that the papers are incomplete, the sheriff will return the papers to the court clerk. The court clerk will then notify you by mail concerning the error or problem.

If you have a friend or other person serve the Motion to Renew and the Order, that person should follow these instructions to fill in the rest of the Affidavit of Proof of Service (Form 2C) **after** that person serves it on the respondent:

If not filled in already, fill in the caption information as previously directed in these instructions. Be sure to include the case number.

Fill in the county where the process server signed the Affidavit.

Fill in the name of the process server.

Fill in the date the respondent or elderly/disabled person was served.

Fill in the county and state where the respondent or elderly/disabled person was served.

**THE PERSON WHO SERVED THE MOTION TO RENEW AND ORDER SHOULD SIGN THIS AFFIDAVIT ONLY IN FRONT OF A NOTARY PUBLIC OR THE COURT CLERK.**

That person should print or type his or her name in the blank under the signature line and then fill in his or her address and telephone number.

The notary public or court clerk will complete the rest of the form.

**C. Service by Mail on Respondent (Sweepstakes Mailing Restraining Order Only)**

If your Restraining Order involved sweepstakes promotional mailings and you would like to serve the respondent by mail, please follow the instructions below. (If your Restraining Order did NOT involve sweepstakes promotional mailings, you must have the respondent personally served. See Sections A. and B. above.)

The court clerk will provide you, free of charge, the number of certified true copies you will need to serve the respondent. You must mail the certified copies of the documents to the respondent BOTH by first class mail and also by certified mail, return receipt requested, to the address to which you would have sent the payment for goods or services promoted in the sweepstakes promotion had you been ordering the goods or services from the respondent. When the certified mail receipt is returned to you, make at least one copy of the receipt for your records. (The original return receipt must be stapled to the "Certificate of Service By Mail" form when you submit it to the court.)

You must complete the Certificate of Service By Mail form (Form 2C-1) and file it with the court after you mail the documents. Staple the original certified mail return receipt to Form 2C-1 when you submit it to the court.

Below are the instructions on how to complete the Certificate of Service By Mail form (Form 2C-1). If you have a friend or other authorized person mail the documents, that person should follow the instructions below to fill out the Certificate of Service By Mail form (Form 2C-1).

If not filled in already, fill in the caption information as directed on page 2 of these instructions. Be sure to include the case number.

Fill in the name of the person who mailed the papers.

Check the appropriate blank to indicate whether the person who mailed the papers is the Petitioner, "Guardian Petitioner," an authorized agent for the Petitioner or "Guardian Petitioner," or the attorney for the Petitioner or "Guardian Petitioner."

Fill in the date the papers were mailed.

Fill in the address to which the papers were mailed. (This address must be the address to which the Petitioner, or the elderly/disabled person on whose behalf the “guardian petitioner” is renewing, would have sent the payment for the goods or services promoted in the sweepstakes promotion had goods or services been ordered.)

**THE PERSON WHO MAILED THE PAPERS TO THE RESPONDENT SHOULD SIGN THIS CERTIFICATE**, print or type his or her name in the blank under the signature line, and then fill in his or her address and telephone number.

## **XII. ENFORCEMENT OF THE RENEWED RESTRAINING ORDER**

Once renewed, the Restraining Order is effective for an additional year unless it is ended earlier by the court at your request, or unless the order is vacated or modified (changed), whichever occurs first. The police must enforce the renewed Order in the same way they enforced the original Order. You also can ask the District Attorney to prosecute (bring legal charges against) the respondent for violating the renewed Order.

## **XIII. TERMINATING THE RENEWED RESTRAINING ORDER**

You can ask the court to end the renewed Restraining Order before the second (renewal) year is up. The Petitioner’s /Guardian Petitioner’s Motion and Order of Dismissal form and instructions for completing that form can be found towards the end of the packet you used for the original Restraining Order. If you do not have the original packet and you want to end the Renewed Restraining Order early, ask the court clerk either for Packet E1, or, if your Restraining Order involved sweepstakes promotional mailings, ask the court clerk for Packet E3.



1 **AFFIDAVIT**

2

3 STATE OF OREGON )  
4 County of \_\_\_\_\_ ) ss.

5 I, \_\_\_\_\_, swear/affirm that I am the  Petitioner  
6  Guardian Petitioner in this matter, and

7 \_\_\_\_\_ based on the conditions of abuse described in the original Petition or previous Motion to Renew,  
8 there is good cause to renew the Restraining Order;

9 \_\_\_\_\_ based on the following events that have happened, or additional facts I have learned, since the  
10 court signed the original Restraining Order or previous Order Renewing the Restraining Order in this matter,  
11 there is good cause to renew the Restraining Order : \_\_\_\_\_

12 \_\_\_\_\_  
13 \_\_\_\_\_  
14 \_\_\_\_\_  
15 \_\_\_\_\_

16

17 \_\_\_\_\_  
18 Signature of Petitioner/Guardian Petitioner

19

20 \_\_\_\_\_  
21 Print or Type Name of Petitioner/Guardian Petitioner

22 SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_,

23 by \_\_\_\_\_.  
24 (Print Name of Petitioner/Guardian Petitioner)

25

26 \_\_\_\_\_  
27 NOTARY PUBLIC FOR OREGON / COURT CLERK  
28 My Commission expires: \_\_\_\_\_

29

30 Submitted by: \_\_\_\_\_  
31 Print Name Address or Contact Address  
32 \_\_\_\_\_ Petitioner \_\_\_\_\_  
33 \_\_\_\_\_ Guardian Petitioner \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip  
34 \_\_\_\_\_ Attorney for Petitioner/Guardian \_\_\_\_\_  
35 \_\_\_\_\_ Petitioner OSB No: \_\_\_\_\_ Telephone or Contact Telephone Number(s)

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

\_\_\_\_\_  
 Petitioner (your name, or the name of the person on whose behalf this motion is filed),  
 by and through his/her Guardian Petitioner \_\_\_\_\_ (Name)  
vs.  
\_\_\_\_\_  
Respondent (person to be restrained).

Case No. \_\_\_\_\_  
ORDER RENEWING  
RESTRAINING ORDER  
(Elderly Persons and Persons With  
Disabilities Abuse Prevention Act)

**TO THE RESPONDENT:**

THIS ORDER CONTINUES THE ORIGINAL OR MODIFIED RESTRAINING ORDER AND BECOMES EFFECTIVE IMMEDIATELY. VIOLATION OF THE CONTINUED RESTRAINING ORDER MAY RESULT IN YOUR ARREST OR IN CIVIL AND/OR CRIMINAL PENALTIES. IF YOU WISH TO CONTEST THE CONTINUATION OF THIS ORDER, SEE YOUR RIGHTS TO A HEARING IN THE "NOTICE TO RESPONDENT/REQUEST FOR HEARING" FORM (FORM 2D) ATTACHED TO THIS ORDER.

**TO THE ELDERLY/DISABLED PERSON ON WHOSE BEHALF THIS ORDER WAS OBTAINED:**

THIS ORDER CONTINUES THE ORIGINAL OR MODIFIED RESTRAINING ORDER OBTAINED BY "GUARDIAN PETITIONER" \_\_\_\_\_ ON YOUR BEHALF. IF YOU WISH TO CONTEST THE CONTINUATION OF THIS ORDER, SEE YOUR RIGHTS TO OBJECT AND REQUEST A HEARING IN THE "NOTICE TO ELDERLY PERSON OR PERSON WITH DISABILITIES/ OBJECTIONS AND REQUEST FOR HEARING" FORM (FORM 2E) ATTACHED TO THIS ORDER.

The court, having reviewed the Petitioner's /Guardian Petitioner's Motion and Affidavit to Renew, makes the following findings:

**JUDGE'S INITIALS**

\_\_\_\_ There is good cause to renew the Restraining Order.  
\_\_\_\_ No further service is necessary because the respondent appeared in person before the court. This matter coming before the court on the motion of the petitioner/guardian petitioner,

IT IS HEREBY ORDERED that:

\_\_\_\_ The Restraining Order in this matter is renewed for a period of one year.

Other: \_\_\_\_\_

\_\_\_\_ The SECURITY AMOUNT FOR VIOLATION OF ANY PROVISION OF THIS ORDER OR THE ORIGINAL RESTRAINING ORDER IS \$5,000 UNLESS OTHERWISE SPECIFIED; \_\_\_\_\_ OTHER AMOUNT \$ \_\_\_\_\_  
\_\_\_\_ Petitioner's/Guardian petitioner's motion is denied. \_\_\_\_\_

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

\_\_\_\_\_  
JUDGE  
\_\_\_\_\_  
Print, Type or Stamp Name of Judge

Submitted by: \_\_\_\_\_  
\_\_\_\_ Petitioner \_\_\_\_ Guardian Petitioner  
\_\_\_\_ Attorney for Petitioner/Guardian Petitioner  
OSB No: \_\_\_\_\_

\_\_\_\_\_  
Address or Contact Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Telephone or Contact Telephone Number(s)

1 **RELEVANT DATA**

2 **RESPONDENT** \_\_\_\_\_ Sex \_\_\_\_\_ Telephone # \_\_\_\_\_  
3 Residence Address \_\_\_\_\_  
4 City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
5 Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_  
6 Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

6 **PETITIONER or the Person on Whose Behalf the "Guardian Petitioner" is Petitioning**

7 Name \_\_\_\_\_ Sex \_\_\_\_\_ \*Telephone # \_\_\_\_\_  
8 \*Residence Address \_\_\_\_\_  
9 City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
10 Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_  
11 Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

\*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 the sheriff can reach you if necessary.

12 **GUARDIAN PETITIONER** (Name) \_\_\_\_\_ Telephone # \_\_\_\_\_  
13 Address: \_\_\_\_\_

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

16 Where is respondent most likely to be located?

- 17  Residence Hours \_\_\_\_\_
- 18  Employment Hours \_\_\_\_\_ Address: \_\_\_\_\_
- 19  Other Hours \_\_\_\_\_ Address: \_\_\_\_\_
- 20 \_\_\_\_\_

21 Description of vehicle \_\_\_\_\_

22 Does respondent have any weapons or access to weapons? EXPLAIN: \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_

25 Has respondent ever been arrested for or convicted of a violent crime? EXPLAIN: \_\_\_\_\_  
26 \_\_\_\_\_  
27 \_\_\_\_\_

28 Is there anything about respondent's character, past behavior, or the present situation that indicates that respondent may be a danger to self or others? EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

FORM 2C  
(Personal Service)

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IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_) )  
 Petitioner (your name, or the name of the ) )  
person on whose behalf this motion is filed), ) )  
 by and through his/her Guardian Petitioner ) )  
(Name) ) )

Case No. \_\_\_\_\_

vs.

AFFIDAVIT OF PROOF OF SERVICE  
FOR MOTION AND AFFIDAVIT AND  
ORDER RENEWING RESTRAINING ORDER  
(Elderly Persons and Persons With Disabilities  
Abuse Prevention Act)

\_\_\_\_\_) )  
Respondent (person to be restrained).

STATE OF OREGON ) )  
County of \_\_\_\_\_ ) ) ss.

I, \_\_\_\_\_, swear/affirm under oath that:

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 \_\_\_\_\_, 20\_\_\_\_, I served the Petitioner's/Guardian Petitioner's

Motion and Affidavit and Order Renewing Restraining Order and the  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 personally upon the

above-named respondent  elderly or disabled 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 each original.

\_\_\_\_\_  
Signature of Process Server

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print or Type Name of Process Server

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

\_\_\_\_\_  
Telephone Number (s)

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Print Name of Process Server)

\_\_\_\_\_  
NOTARY PUBLIC FOR OREGON / COURT CLERK  
My Commission Expires: \_\_\_\_\_

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

Petitioner (your name, or the name of the person  
on whose behalf this motion is filed),  
 by and through his/her Guardian Petitioner  
(Name)

Case No. \_\_\_\_\_

CERTIFICATE OF SERVICE BY MAIL  
(Elderly Persons and Persons With  
Disabilities Abuse Prevention Act)

vs.

\_\_\_\_\_  
Respondent (person to be restrained).

I, \_\_\_\_\_, certify that:  
(name)

- 1. I am \_\_\_\_\_ the Petitioner \_\_\_\_\_ the Guardian Petitioner  
\_\_\_\_\_ an authorized agent for the Petitioner.  
\_\_\_\_\_ the attorney for the Petitioner/Guardian Petitioner.

- 2. On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I caused certified true copies of the  
(month) (year)  
Petitioner's/Guardian Petitioner's Motion and Affidavit and the Order Renewing Restraining Order in this  
case to be served upon the above-named respondent by mailing said documents in a sealed envelope with  
the postage prepaid by first class mail and by certified mail, return receipt requested, to the respondent at  
the following address:

\_\_\_\_\_  
(Name of Respondent)

\_\_\_\_\_  
(Address of Respondent)

- 3. The above-listed address is the address to which the Petitioner, or the elderly/disabled person on whose  
behalf I am renewing, would have sent any payment for the goods or services promoted in the sweepstakes  
promotions described in the original Petition for Restraining Order to Prevent Abuse.

\_\_\_\_\_  
Signature of Process Server

\_\_\_\_\_  
Address

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

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

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Telephone Number(s)





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

Petitioner (your name, or the name of the person  
on whose behalf this motion is filed),  by and  
through his/her Guardian Petitioner \_\_\_\_\_  
\_\_\_\_\_ (name)  
  
vs.  
  
\_\_\_\_\_  
Respondent (person to be restrained).

Case No. \_\_\_\_\_

NOTICE TO ELDERLY PERSON OR PERSON  
REQUEST FOR HEARING  
  
(Elderly Persons and Persons With  
Disabilities Abuse Prevention Act)

THIS FORM MUST BE ATTACHED TO SERVICE COPY OF ORDER RENEWING RESTRAINING ORDER

**NOTICE TO** \_\_\_\_\_ (*Name of person on whose behalf the "Guardian Petitioner" is renewing*):  
The Restraining Order previously issued by the court against the respondent has been renewed (continued) at the  
request of "Guardian Petitioner" (name) \_\_\_\_\_. This Order is effective immediately  
and restrains the respondent from the actions specified in the original 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**  
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Although this Order was Issued at the Request of your Guardian or Guardian Ad Litem, You Retain Certain Rights  
Including the Right to:

- ◆ Contact and Retain Counsel (lawyer, attorney, legal representative)
- ◆ Have Access to Your Personal Records
- ◆ File Objections to the Restraining Order
- ◆ Request a Hearing
- ◆ Present Evidence and Cross-Examine Witnesses at any hearing (or have your lawyer, attorney or legal representative do so)

1 **OBJECTIONS and REQUEST FOR HEARING**

2 If you have objections to the continuation of the restraining order, you may inform the court of them by filling out the  
3 information below and mailing it to the court at the address above. You may also request a hearing. Requests for  
4 hearing must be made within 30 days after you receive the order. You must include your address and telephone  
5 number with your request for a hearing. The hearing will be held within 21 days. At the hearing, a judge will decide  
6 whether the order should be canceled or changed. The only purpose of this hearing will be to determine if the terms of  
7 the court's order should be canceled, changed, or extended. Keep in mind that this order remains in effect for one year  
8 or until the court that issued the order amends or dismisses it. It may also be renewed upon good cause shown,  
9 regardless of whether there has been a further act of abuse.  
10

11 **OBJECTIONS**

12 I, \_\_\_\_\_(name), am the elderly person or person with disabilities who is the subject of the  
13 attached Restraining Order. I object to renewing the Restraining Order for the following reasons (describe in detail):  
14  
15  
16  
17  
18

19 **REQUEST FOR HEARING**

20  I request a hearing to contest the renewal of the Order.

21 I \_\_\_(will) \_\_\_(will not) be represented by an attorney at the hearing.

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

23 (If you completed this document without the assistance of an attorney, you are required to complete truthfully the certificate below.)  
24 I certify that: (check the blank that applies)

25 \_\_\_ I selected this document for myself, and I completed it without paid assistance and without assistance  
26 from an attorney.

27 \_\_\_ I paid, or will pay, money to \_\_\_\_\_ for assistance in preparing this  
28 document.

29 Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
Telephone or Contact Telephone Number(s)

