

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

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

PACKET E1

I. INTRODUCTION

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. You can use the Table of Contents to quickly find the page number in the instructions where the form you are filling out is described. **(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, which contains forms and instructions to stop a respondent from mailing sweepstakes promotional materials to an elderly person, person with disabilities, or incapacitated person.)**

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 or disabled person you are filing on behalf of. If you are using the packet for this purpose, you are called a "GUARDIAN PETITIONER."

GUARDIAN PETITIONERS: 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.

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 a 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.

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 in the next section 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. **If you are seeking to stop sweepstakes promotional mailings, please ask the clerk for Packet E3, which contains the forms and instructions for stopping the mailing of sweepstakes promotional materials to elderly, disabled, or incapacitated persons.**

II. ELIGIBILITY

You are eligible to use this Restraining Order procedure if:

You are 65 years of age or older **AND** you are NOT a resident of a long-term care facility;

OR

You are a "person with disabilities" because you have a physical or mental disability and one of the criteria listed below applies to you:

- ◆ you are mentally retarded or developmentally disabled and reside in or need placement in a residential program administered by the Seniors and People with Disabilities (SPD), Department of Human Services, or
- ◆ you are mentally or emotionally disturbed and reside in or need placement in a residential program administered by SPD, or
- ◆ you are an alcohol or drug abuser and reside in or need placement in a residential program administered by SPD, or
- ◆ you have a physical or mental disability other than those described above, 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:

- (1) physical injury caused by other than accidental means, or that appears to be at variance with the explanation given of the injury;
- (2) neglect that leads to physical harm through withholding of services necessary to maintain health and well-being;
- (3) 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;
- (4) willful infliction of physical pain or injury; or
- (5) 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.
- (6) 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.
- (7) 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.

III. OUTLINE OF PROCEDURES AND GENERAL INFORMATION

A. Filing Papers

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.

B. First Hearing

The court is required to hold a 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 you have a disability and need special help at the hearing or you are unable to speak English and need a foreign language interpreter at the hearing, you must notify the clerk immediately. 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.

C. Issuing the Restraining Order

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.

D. Order Lasts One Year

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.

E. Serving a Copy on Respondent and on the Elderly/Disabled Person

A copy of the Restraining Order must be given to ("served on") the person who has abused you. That person is called the "respondent." The order must be given to the respondent personally 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. See Section XIII, "Serving the Respondent or Elderly/Disabled 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 that you are guardian for *within 72 hours after the court issues a restraining order*. 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 VIII, "Filling out the Notice to Elderly Person or Person with Disabilities/Objections and Request for Hearing (Form 5)."

F. Hearing on Respondent's or Elderly/Disabled Person's Request

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 (Form 4), 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 (Form 5), and filing or mailing that form to the court.

G. Arrest for Violating 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 he/she 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 sanctions may be imposed.

IV. COMPLETING THE FORMS

A. Forms

This packet contains seven forms. **The first six are those you need to complete to ask for a Restraining Order:**

- **Petition for Restraining Order to Prevent Abuse of Elderly or Disabled Person (Form 1)**
- **Restraining Order (Form 2)**
- **Affidavit of Proof of Service (Form 3)**
- **Notice to Respondent/Request for Hearing (Form 4)**
- **Notice to Elderly Person or Person With Disabilities/Objections and Request for Hearing (Form 5) (If applicable.)**
- **Certificate of Document Preparation (Form 6) (If applicable.)**

The seventh form is an optional form to ask the court to end the Restraining Order early if you do not want the order to last a full year:

- **Petitioner's/Guardian Petitioner's Motion and Order of Dismissal (Form 7)**

The court clerk also has a different packet of forms and instructions that you may use to ask the court to continue (renew) the Restraining Order for another year (Packet E2).

B. Use Black Pen

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

C. Information on Local Adult Protective Services

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.

**V. FILLING OUT THE PETITION FOR RESTRAINING ORDER TO PREVENT ABUSE (FORM 1)
(CALLED "PETITION" IN THESE INSTRUCTIONS)**

A. Caption (Heading at Top of Form)

You must file the Petition in either the county where you reside (live) or the county in which the respondent resides (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. If you do not know the name of the county, the clerk can give you this information at the time you get a case number.

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.

B. General Information

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.

Write in the name of the county and state where respondent lives.

Check and fill in the blanks that apply to you. Write in the age of the petitioner, if they are 65 years of age or older.

If the petitioner has a disability, explain the nature of any mental or physical disability. As explained in the "Eligibility" section, one of the criteria listed below must apply:

- you are mentally retarded or developmentally disabled and reside in or need placement in a residential program administered by the Seniors and People with Disabilities (SPD), or
- you are mentally or emotionally disturbed and reside in or need placement in a residential program administered by SPD, or
- you abuse alcohol or drugs and reside in or need placement in a residential program administered by SPD, or
- you have a physical or mental disability other than those described above, 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/their ability to perform the activities of daily living.

C. Section 1. This section is "optional" but the information you provide may be helpful to the judge in your case. You may fill in any blanks that apply to you. If none of them apply to you, you may check Item E "None of the Above," and proceed to Section 2.

Item A. If you are living with the respondent, put in the start date (as best you can remember) you started living with the respondent.

Item B. If you are not living with the respondent now but used to, write in the date (as best you can remember) you began living with that person and the date you stopped living with that person.

Item C. If you are currently under the care of the respondent, write in the date (as best as can be remembered) when respondent began to provide this care.

Item D. If you are not currently under the care of the respondent but used to be, write in the dates (as best as can be remembered) when respondent began and stopped providing this care.

Item E. If none of the above apply, check this space.

D. Section 2

Item A. Check this space if the respondent has physically injured (hurt) you and that injury was not an accident.

Item B. Check this space if the respondent attempted to physically injure (hurt) you and the attempt was not an accident.

Item C. Check this space if the respondent has caused you physical harm by withholding services necessary to maintain your health and well-being.

Item D. Check this space if the respondent has abandoned or deserted you by withdrawing or neglecting to perform duties and obligations.

- Item E.** Check this space if the respondent has willfully inflicted you with physical pain or injury.
- Item F.** Check this space if the respondent has used derogatory or inappropriate names, phrases or profanity, ridicule, harassment, coercion, threats, cursing, intimidation, or inappropriate sexual comments or conduct towards you of such a nature as to create fear of significant physical or emotional harm.
- Item G.** Check this space if the respondent has wrongfully taken or appropriated money or property from you, or has alarmed you by threatening to wrongfully take or appropriate your money or property and you reasonably believed that threat would be carried out.
- Item H.** Check this space if the respondent has had sexual contact with you that you did not consent to or that you are incapable of giving consent to.

- E. Section 3.** Any period of time after the abuse occurred during which respondent was in jail or prison or lived more than 100 miles from your home is not counted as part of the 180-day period.

If the respondent was incarcerated (in jail or prison) during the 180 days after the abuse, fill in the dates (as best as can be remembered) that respondent was incarcerated.

If the respondent lived more than 100 miles from your home during the 180 days after the abuse, fill in the dates (as best as can be remembered) that respondent lived this distance away.

- F. Section 4**

Circle the appropriate response to tell the court whether or not the abuse happened within the last 180 days, not including the times respondent was in jail or prison or lived more than 100 miles from your home.

Fill in the date and location of the abuse (when and where these things happened). Please include the state and county where the abuse occurred.

Please describe how you were abused, hurt, or threatened by the respondent.

- G. Section 5**

If there have been other incidents not described in the answers to Section 4 in which respondent has hurt or threatened to hurt you, please describe those incidents.

- H. Section 6**

If the abuse you are complaining about was witnessed (seen or heard) by another person or persons, please fill in the name of the person or persons. You must attach to the Petition an affidavit (sworn statement) from each person describing in detail the abuse they witnessed. The person must sign the statement in the presence of a notary public or court clerk.

If other persons have knowledge of the abuse you are complaining of (but did not witness it), please fill in the name of the person or persons. You must attach to the Petition an affidavit (sworn statement) from each person describing in detail what they know about the abuse you are complaining of. The statement must be signed in the presence of a notary public or court clerk.

I. Section 7

Describe why you feel you are in danger of further abuse from the respondent.

J. Section 8

Circle the appropriate response to tell the court whether or not drugs, alcohol, or weapons were involved in the incidents described above.

Circle the appropriate response to tell the court whether or not you needed medical help in the incidents described above.

Circle the appropriate response to tell the court whether or not the police or the courts were involved in the incidents described above.

If you circled "Yes" to any of the questions above, please explain in more detail in the blanks provided.

K. Section 9. You must tell the court whether certain other legal actions or court proceedings are pending (filed in a court but not yet decided or final).

Item A. Indicate whether or not there is another Elderly Persons and Persons With Disabilities Abuse Prevention Act proceeding or Family Abuse Prevention Act proceeding pending between respondent and you. If there is another proceeding pending, write in the county and state where it is filed, and circle whether you are the "Petitioner" or the "Respondent" in that case. Fill in the court case number.

Item B. Indicate whether or not there is a divorce, annulment or legal separation proceeding pending between respondent and you. If there is such a proceeding pending, write in the type of lawsuit and the county and state where it is filed.

Item C. Indicate whether or not there is a guardianship, conservatorship, or other protective proceeding pending under ORS Chapter 125. If there is such a proceeding pending, write in the type of proceeding and the county and state where it is filed.

L. Section 10. You have the right, under the Elderly Persons and Persons With Disabilities Abuse Prevention Act, to have the court order the respondent to move out only if:

- (1) the residence is solely in your name (for instance, rented or owned); or
- (2) the residence is jointly owned or rented by you and respondent; or

- (3) you and the respondent are married to each other and the residence is where you and your spouse have been living.

If one of those statements is true for you AND you want the court to order the respondent to move out of the residence, circle the “do” response. Indicate whether the residence is owned, leased, or rented and fill in by whom. If these statements are NOT true or you do NOT want the court to order the respondent to move out of the residence, circle the “do not” response.

If the court orders the respondent to move out, the court may allow the respondent to return to the residence, on one occasion only, accompanied by a peace officer, to remove the "essential personal effects" (clothes or other necessary or important personal property) of the respondent. "Essential personal effects" include, but are not limited to, such important personal items as clothing, toiletries, medications, social security cards, birth certificates, identification, tools of the trade, etc. It does NOT include property items such as televisions, furniture, etc.

M. Signature

DO NOT SIGN THE PETITION YET. The petition is a sworn statement. You should sign your name ONLY in front of a notary public or a court clerk. Clearly print or type your name on the line below your signature. The notary public or court clerk will fill in the lines beginning with “SUBSCRIBED AND SWORN...”.

If you signed and completed this form yourself, print or type your name, address, and telephone number, and check the blank next to "Petitioner" or "Guardian Petitioner" in the section beginning with “Submitted by:...”. You may use a contact address and contact telephone number if you need to keep this information confidential. If your attorney completes this form, your attorney will mark the "Attorney" blanks and will fill in his or her Oregon State Bar number, along with his or her name, address, and telephone number.

VI. FILLING OUT THE RESTRAINING ORDER (FORM 2)

The Restraining Order is the official court document which orders the person named in the order, the "respondent," to stop threatening or abusing you. The instructions below describe each paragraph in the Restraining Order form. You will be checking the blanks to the left of the paragraphs which have the language you would like the Restraining Order to contain. If the judge grants your request, he or she will initial the appropriate paragraphs on the right side of the Restraining Order form and then will sign the form at the bottom.

A. Caption (Heading at Top of Form)

Fill in the blank spaces of the caption in the same way as you did for the caption of the petition (Form 1).

B. Judge's Findings

In the section directly below “JUDGE’S INITIALS,” fill in only the name of the “protected person” if you are a “guardian petitioner” petitioning on behalf of an elderly/disabled person. The court will complete the rest of this part.

C. Petitioner's/Guardian Petitioner's Requests

Do not fill in the blanks on the right hand side of the page for "JUDGE'S INITIALS." Place checkmarks only in the boxes on the left hand side of the page under the column entitled "Petitioner's/Guardian Petitioner's Requests."

Request 1. Under the Elderly Persons and Persons With Disabilities Abuse Prevention Act, "**intimidate**" means to compel or deter conduct by threat; "**molest**" means to annoy, disturb, or persecute, with hostile intent or injurious effect; "**interfere**" means to interpose in a way that hinders or impedes; and "**menace**" means to act in a threatening manner.

If you want the respondent prohibited from abusing, intimidating, molesting, interfering with or menacing you, or prohibited from attempting to abuse, intimidate, molest, interfere with, or menace you, check the box to the left of the number 1.

D. Request 2. If you want the respondent ordered by the court not to enter or attempt to enter your home, business, place of employment, school, or other place, check the box to the left of the number 2, and as many boxes as fit the situation. If you check "Other locations," be sure to write in the other place(s) you want the respondent prohibited from entering or attempting to enter. Include the addresses of those locations unless you need to withhold the addresses for safety reasons.

E. Request 3. If you want the respondent ordered by the court not to contact you, or to attempt to contact you by telephone or by mail, check the box to the left of the number 3, and as many boxes as fit the situation.

F. Request 4. If you have the right to require the respondent to move from your residence, and you want the respondent to move, check the box to the left of the number 4, and write in the address of the residence in the blank below.

G. Request 5. If you left some "essential personal effects" (clothes or other necessary or important personal property) at your residence, you may request that the court order a peace officer to accompany you to the residence, on one occasion only, to remove those essential personal effects. "Essential personal effects" include, but are not limited to, such important personal items as clothing, toiletries, medications, social security cards, birth certificates, identification, tools of the trade, etc. When you return to the residence with the peace officer, the peace officer may remain for up to 20 minutes; however, the peace officer may temporarily stop the removal of any property at any time.

If you want the court to order a peace officer to accompany you to the residence to pick up these things, check the box to the left of the number 5.

H. Request 6. If the judge finds that you have been the victim of abuse involving the wrongful taking or appropriation of money or property, the court can order only that relief it considers necessary to prevent or correct the wrongful taking or appropriation. Examples of such allowable orders appear in "Request #6." Check the box to the left of the type of relief you request. **IMPORTANT:** The court can only order that the elderly or disabled person him or herself, **not a guardian petitioner or a third person**, can assume responsibility for managing the elderly or disabled person's money, financial accounts or property. If the elderly or disabled person needs assistance managing their money or property, a protective proceeding under ORS chapter 125 should be considered.

- I. **Request 7.** The judge might use Request #7 to include in the Restraining Order other conditions the judge considers necessary to provide for the parties' safety and welfare. If there are other conditions you would like the court to include in the Restraining Order, check the box to the left of the number 7, and write in those items in the blanks.
- J. **Request 8.** If you believe that the respondent will be present in court at the first hearing and will therefore receive a copy of the Restraining Order at that hearing, check the box to the left of the number 8. If the respondent does in fact appear in court at the first hearing and the judge initials Section 8 at the right margin of the Restraining Order, you will NOT need to serve the respondent with the Restraining Order and other papers again. Please see Section XIII. "Serving the Respondent or Elderly/Disabled Person" for more details.

Do not fill in the lines beginning with "IT IS FURTHER ORDERED that:..." and ending with the judge's signature; the court will complete this section.

If you signed and completed this form yourself, print or type your name, address, and telephone number, and check the blank next to "Petitioner" or "Guardian Petitioner" in the section beginning with "Submitted by:...". 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" blanks and will fill in his or her Oregon State Bar number, along with his or her name, address, and telephone number.)

J. Relevant Data

Under the heading "RELEVANT DATA" fill in the requested information.

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.

VII. FILLING OUT THE AFFIDAVIT OF PROOF OF SERVICE (FORM 3)

The purpose of the "Affidavit of Proof of Service" form (Form 3) is to show the court that the Restraining Order and Petition were personally 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 Restraining Order, Petition, and related documents were served on the elderly or disabled person if the petition is being filed by a "guardian petitioner."

The "Affidavit of Proof of Service" form is designed to be filled out by the person who delivers 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 XIII. "Serving the Respondent or Elderly/Disabled Person."

A. Caption (Heading at Top of Form)

Fill in the blank spaces of the caption in the same way you did for the captions in the Petition (Form 1) and Restraining Order (Form 2). Be sure to include the case number on the right.

B. The Rest of the Form

The rest of the Affidavit of Proof of Service should be filled in only after the respondent, or the elderly or disabled person, has been served (see Sections XIII. "Serving the Respondent or Elderly/Disabled Person"). If you have the sheriff's office or a private process server serve the documents, the person who serves the order will fill in the rest of the blanks.

VIII. FILLING OUT THE NOTICE TO RESPONDENT/REQUEST FOR HEARING (FORM 4)

The purpose of the "Notice To Respondent/Request for Hearing" form (Form 4) is to give the respondent important information about the Restraining Order. This form must be attached to the copy of the Restraining Order served on the respondent.

A. Caption (Heading at Top of Form)

Write in the name of the county in which you have filed or are filing your petition for a Restraining Order. Write in your and respondent's name. When the clerk gives you a case number, write in the case number at the right.

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 respondent's hearing request.

IX. FILLING OUT THE NOTICE TO ELDERLY PERSON OR PERSON WITH DISABILITIES/ OBJECTIONS AND REQUEST FOR HEARING (FORM 5)

The "Notice To Elderly Person or Person With Disabilities/Objections and Request for Hearing" form (Form 5) is used when the petition is filed by a "guardian petitioner." The purpose of the Notice is to give the elderly or disabled person important information about the Restraining Order, their rights and how to request a hearing. This form must be attached to the copy of the Restraining Order and Petition served on the elderly or disabled person.

A. Caption (Heading at Top of Form)

Write in the name of the county in which you have filed or are filing your petition for a Restraining Order. Write in your and respondent's name. When the clerk gives you a case number, write in the case number.

B. The Rest of the Form

Fill in the name of the person on whose behalf you, as “guardian petitioner,” are petitioning after the words “NOTICE TO: _____.” Fill in your name as “guardian petitioner” and the respondent’s name. State the address of the court in the blanks provided.

Do not fill in the rest of the form after “NOTICE OF RETAINED RIGHTS.” The elderly or disabled person can use this form to mail objections and request a hearing. If the elderly or 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.

X. FILLING OUT THE CERTIFICATE OF DOCUMENT PREPARATION FORM (FORM 6)

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 “Petitioner’s Certificate of Document Preparation” form (Form 6), along with the rest of the papers you file.

A. Caption (Heading at Top of Form)

Fill in the caption the same way as previously directed in these instructions.

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 number.

XI. FILING YOUR PAPERS WITH THE COURT

A. Signing

After you have completed the "Petition for Restraining Order to Prevent Abuse" (Form 1); the "Restraining Order" (Form 2); portions of the "Affidavit of Proof of Service" (Form 3); portions of the "Notice to Respondent/Request for Hearing" form (Form 4); if applicable, portions of the "Notice to Elderly Person or Person With Disabilities/Objections and Request for Hearing" (Form 5); and, if applicable, the "Certificate of Document Preparation" form (Form 6) as described above, take these forms to the court clerk. If you

have not yet signed the Petition, ask the clerk to watch you sign the Petition and to "acknowledge" your signature.

B. Case Number

When the clerk gives you a case number, be sure that the case number is written in the blank at the top right of each form.

C. Copies

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

XII. THE FIRST HEARING

The court is required to hold a hearing on the date you file your petition or on the next day the court is open for business. The hearing will be held in the courthouse or, in some courts, by telephone. The clerk will give you instructions about the hearing. The respondent usually is not present at this hearing. At the hearing you can have witnesses to the abuse or adult protective services workers who have conducted an investigation testify concerning the abuse that you are complaining of.

If you have a disability and need special help at the hearing or you are unable to speak English and need a foreign language interpreter at the hearing, you must notify the clerk immediately. 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.

XIII. SERVING THE RESPONDENT AND ELDERLY/DISABLED PERSON

If the court grants a Restraining Order, "true" copies of the Restraining Order and the Petition must be "served on" (personally delivered to) the respondent to inform the respondent that the Restraining Order exists and to tell the person what the court has ordered. If you are a "guardian petitioner," you will also have to serve the elderly or disabled person you are filing on behalf of to inform the elderly/disabled person that the Restraining Order exists and what the court has ordered.

The sheriff's office will serve the papers on the respondent (and, if applicable, the elderly/disabled person) unless you elect to have service done by a private (commercial) process server or by another qualified adult. Additionally, in some limited circumstances, a peace officer who is called to the scene of a domestic disturbance may serve the Restraining Order and Petition on the respondent. You, the petitioner, cannot serve the respondent or the elderly/disabled person.

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. You may be able to recover any service fees you pay from the respondent.

If the respondent was present at the first hearing and received a copy of the papers at the hearing, the court might decide that no further service is necessary. If that occurred, look at item 7 of the Restraining Order (Form 2) 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 XIV. "What Happens After the Restraining Order is Served."

A. Service by Sheriff

The law requires the court clerk to have a set of "true" copies of the papers delivered to the sheriff's office to be served on the respondent (and, if applicable, the elderly/disabled person). However, you may deliver the papers to the sheriff. Let the court clerk know if you are willing to deliver the papers to the sheriff's office. If the sheriff's office serves the papers, that office will finish completing the Affidavit of Proof of Service form (Form 3) and file it with the court.

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

B. Private Service

The Restraining Order and Petition can be served by someone other than the sheriff. Any person (except yourself, 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 papers, be sure that:

- (1) the person who served the respondent completes the "Affidavit of Proof of Service" 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; and
- (3) the Affidavit of Proof of Service (Form 3) is filed with the court clerk.

If you have a friend or other person serve the Order, that person should follow these instructions to fill out the "Affidavit of Proof of Service" form (Form 3) after the person serves the Restraining Order on the respondent:

Filling in the Affidavit of Proof of Service (Form 3)

NOTE TO "GUARDIAN PETITIONERS": Separate "Affidavits of Proof of Service" should be completed for service on the respondent and service on the elderly/disabled person.

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 date the respondent (or, if applicable, the elderly/disabled person) was served.

Fill in the county and state where the respondent (or, if applicable, the elderly/disabled person) was served.

THE PERSON WHO SERVED THE RESTRAINING 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 lines after “SUBSCRIBED AND SWORN TO...”

XIV. WHAT HAPPENS AFTER THE RESTRAINING ORDER IS SERVED

A. Entering the Restraining Order Into the Police Computer

If the sheriff serves the papers on the respondent, the sheriff will enter the information from the Restraining Order into the police computer. After the information is entered in the police computer, police anywhere in the state can find out about the Restraining Order.

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 3) 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 a true copy of the Affidavit of Proof of Service and a true copy of the Petition and Restraining Order yourself to the sheriff’s office or you can arrange to have these papers delivered to the sheriff’s office by a private person.

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

B. The Respondent's and Elderly/Disabled Person’s Right to Ask for a Hearing

Within 30 days after the order is served, the respondent (the person the court ordered to be restrained) and, if applicable, the elderly/disabled person, has the right to ask for a hearing on the Restraining Order. The respondent may request a hearing by filling out the "Request For Hearing" portion of the “Notice To Respondent/Request for Hearing” form (Form 4), and filing that form with the court clerk. The elderly/disabled person may request a hearing by checking the box under the bolded language “CHECK THIS BOX IF YOU REQUEST A HEARING” on the “Notice to Elderly Person or Person With Disabilities/Objections and Request for Hearing” form (Form 5), and mailing that form to the court.

If the respondent or, if applicable, the elderly/disabled person, requests a hearing, the court clerk will supply you with a copy of the request for hearing and notify you of the date and time of the hearing. The hearing will be held within 21 days of the request. If the respondent or elderly/disabled person is represented by an attorney, time for the hearing may be extended for up to 5 days at your request so that you may seek representation.

Both you and the respondent should be present at the hearing. If the respondent does not appear, the order will most likely remain in effect. **If you (the petitioner or guardian petitioner) do not appear, the order may be canceled.**

If a hearing is held, the hearing need not be limited to the issues (information) the respondent or elderly/disabled person raised (brought up) in the request for hearing form. However, if the respondent or elderly/disabled person raises issues at the hearing that were not previously raised in the request for hearing form, you are entitled to a reasonable continuance to allow you additional time to prepare a response (answer) to the new issues that the respondent or elderly/disabled person has raised.

If you are represented by an attorney, you may be able to recover your attorney fees and costs from the respondent or elderly/disabled person. Likewise, the respondent's or elderly/disabled person's attorney fees and costs could be assessed against you in certain circumstances.

At the hearing the judge may modify (change) the Restraining Order, terminate (end) it, or leave it as it is. The Restraining Order remains 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.

C. Enforcement of the Restraining Order

If the police have probable cause (good reason) to believe that the respondent has violated (disobeyed) the Restraining Order, they must arrest the respondent. It is not always necessary that the police see a violation of the Restraining Order before making an arrest. They can often arrest based on other reliable information available to the police. You also can ask the district attorney to prosecute (bring legal charges against) the respondent for violating a Restraining Order. Unless you terminate (end) the Restraining Order or until it ends after the one year, the police may arrest the respondent even if you call the police to report that respondent has violated the order and then change your mind, or even if someone other than you calls about a violation, or even if the police see you and respondent together or otherwise believe you have resolved your concerns.

XV. FILLING OUT THE PETITIONER'S/GUARDIAN PETITIONER'S MOTION AND ORDER OF DISMISSAL (FORM 7)

You have the right to ask the court to end a Restraining Order early.

A Restraining Order under the Elderly Persons and Persons With Disabilities Abuse Prevention Act is in effect (lasts) for one year (365 days) from the date the judge signs it. If you want the Restraining Order to end before the year's time is up, use the form called "Petitioner's/Guardian Petitioner's Motion and Order of Dismissal" (Form 7). If you are ASKING for a Restraining Order, do NOT fill out Form 7.

A. Caption (Heading at Top of Form)

Fill in the caption in the same way you did for the original Petition form, as previously directed in these instructions. Include the case number.

B. Rest of the Form

Fill in your name as you have it listed in the caption.

DO NOT SIGN THE MOTION AND ORDER OF DISMISSAL YET. This document must be notarized. You should sign your name in the blank ONLY in front of a notary public or a court clerk. After you sign your name, clearly print your name on the line below.

The notary public or court clerk will fill in the lines beginning with "SUBSCRIBED AND SWORN TO....".

Do not fill in the lines between "ORDER" and the Judge's signature; the court will complete this section.

If you signed and completed this form yourself, print or type your name, address, and telephone number, and check the blank next to "Petitioner" or "Guardian Petitioner" in the section beginning with "Submitted by:...". 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" blanks and will fill in his or her Oregon State Bar number, along with his or her name, address, and telephone number.)

If an attorney did not prepare or assist you to complete this form, you must also complete and give to the court the "Certificate of Document Preparation" form (Form 6) included in this packet. Please refer to Section X. "Filling Out the Certificate of Document Preparation (Form 6) of these instructions.

Present the "Petitioner's /Guardian Petitioner's Motion and Order of Dismissal" form (Form 7) and, if applicable, the "Certificate of Document Preparation" form (Form 6) to the court clerk.

Once the judge has signed the "Petitioner's /Guardian Petitioner's Motion and Order of Dismissal" form (Form 7), the court clerk will send a copy to the sheriff's office. You must give or mail a copy to the respondent and, if applicable, the elderly/disabled person you petitioned on behalf of. The sheriff's office will take the information about the Restraining Order out of the police computer, and the police will no longer enforce the Restraining Order against the respondent.

XVI. CONTINUING OR CHANGING THE RESTRAINING ORDER

A restraining order under the Elderly Persons and Persons With Disabilities Abuse Prevention Act is effective (lasts) for a period of one year (365 days) from the date it is signed (unless it is ended earlier at your request). You may continue the Restraining Order beyond one year if you request the court to renew the order for another year. You may also ask the court to change (amend) the Restraining Order. The court clerk has forms and instructions for you to use if you want to continue the Restraining Order. Ask the court clerk for Packet E2, containing forms and instructions for continuing (renewing) the Restraining Order.

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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)	PETITION FOR
on whose behalf this petition is filed), <input type="checkbox"/> by and)	RESTRAINING ORDER
through his/her Guardian Petitioner _____)	TO PREVENT ABUSE OF ELDERLY
_____ (name))	PERSON OR PERSON WITH DISABILITIES
)	
v.)	Case No. _____
_____)	
Respondent (person to be restrained).)	

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 OF COURT. 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.

ATTACH ADDITIONAL PAGES IF NECESSARY.

(Check one):

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

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.

1 **Check and fill out the section that applies to you:**

2 ___ I am 65 years of age or older. I am ___ years of age.

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

4 _____
5 _____

6 1. (Optional) CHECK AND FILL OUT OR CIRCLE ANY SECTION(S) that apply to you and respondent.

7 ___ A. Respondent and I have been living together since _____.

(date)

8 ___ B. Respondent and I lived together from _____ to _____.

(date)

(date)

9 ___ C. I have been under the care of respondent since _____.

(date)

10 ___ D. I was under the care of respondent from _____ to _____.

(date)

11 ___ E. None of the above.

12
13 2. To qualify for a restraining order, respondent must have done one or more of the following.

14 Within the last 180 days, respondent has:

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

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

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

18 ___ D. Abandoned or deserted me by withdrawing or neglecting to perform duties and obligations.

19 ___ E. Willfully inflicted me with physical pain or injury.

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

23 ___ G. Wrongfully taken or appropriated my money or property, or alarmed me by threatening that my money
24 or property would be wrongfully taken or appropriated, and I reasonably believed this threat would be
25 carried out.

26 ___ H. Had sexual contact with me without my consent, or that I was incapable of consenting to.

27 3. Any period of time after the abuse occurred during which respondent was incarcerated (in jail or prison) or lived
28 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
29 restraining order. Respondent was incarcerated from _____ to _____.

(date)

(date)

30 Respondent lived more than 100 miles from my home from _____ to _____

(date)

31 _____
(date)

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

3 Date and location of abuse: _____

4 How did respondent injure or threaten to injure you? _____
5 _____

6 5. Are there incidents other than those described in question 4. above in which respondent injured or threatened to
7 injure you? If yes, explain: _____
8 _____

9 6. The abuse I am complaining about was witnessed by _____
10 _____ (affidavit attached).

11 Other persons with knowledge of the abuse are _____
12 _____ (affidavit attached).

13 7. I am in immediate and present danger of further abuse by respondent because: _____
14 _____
15 _____

16 8. In any of the above incidents:
17 Were drugs, alcohol, or weapons involved? Yes No (Circle one)
18 Did you need medical help? Yes No (Circle one)
19 Were the police or the courts involved? Yes No (Circle one)

20 If you have circled yes to any of the above questions, explain: _____
21 _____
22 _____

23 9. A. There ____ (is) ____ (is not) another Elderly Persons and Persons With Disabilities Abuse Prevention Act or
24 Family Abuse Prevention Act proceeding pending between respondent and me. It is filed in
25 _____ (County), _____ (State), and I am, the (Petitioner) or
26 (Respondent) in that case (circle one). The case number of the case is: _____

27 B. There ____ (is) ____ (is not) another lawsuit pending between respondent and me for divorce, annulment, or
28 legal separation. If yes, type of lawsuit: _____. It is filed in _____
29 (County), _____ (State).

1 C. There ____ (is) ____ (is not) a guardianship, conservatorship, or other protective proceeding pending in which
2 either I or the respondent is a party. If yes, type of proceeding: _____. It is filed in
3 _____ (County), _____ (State).

4 10. Respondent may be required to move from your residence if: (a) it is in your sole name; (b) if it is jointly owned or
5 rented by you and respondent; or (c) if you and respondent are married.

6 I ____ (do) ____ (do not) want respondent to move from my residence.
7 My residence is: ___ Owned ___ Leased ___ Rented By: _____ (Name)
8

9 PETITIONER/GUARDIAN PETITIONER ASKS THE COURT TO GRANT THE RELIEF INDICATED IN THE
10 "PETITIONER'S/GUARDIAN PETITIONER'S REQUEST" COLUMN OF THE PROPOSED RESTRAINING ORDER,
11 WHICH IS ATTACHED.

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

15 If you wish to have a residential address or telephone number withheld from respondent, use a contact address and
16 contact telephone number so the court and the sheriff can reach you if necessary.
17

18 _____
Signature of Petitioner Guardian Petitioner

19 _____
Print or Type Name of Petitioner Guardian
20 Petitioner

21 STATE OF OREGON)
22 County of _____) ss.

23 SUBSCRIBED AND SWORN TO before me this _____ day of _____, 200__.
24 by _____ (month) (year)
25 (Print Name of Petitioner/Guardian Petitioner)

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

28 Submitted by: _____
29 _____
30 _____
Print Name Address or Contact Address
____ Petitioner
____ Guardian Petitioner
____ Attorney for Petitioner/Guardian Petitioner City State Zip
OSB No. _____
Telephone or Contact Telephone Number(s)

1 Petitioner's/Guardian Petitioner's Request

JUDGE'S INITIALS

2 2. Respondent is restrained (prohibited) from entering or attempting to enter: _____

3 (Include names and address unless withheld for safety reasons.)

4 Petitioner's or _____'s (name of protected person) residence.
5 _____

6 Petitioner's or _____'s (name of protected person) business
7 or place of employment. _____
8 _____

9 Petitioner's or _____'s (name of protected person) school.
10 _____

11 Other locations: _____
12 _____

13 3. Respondent is restrained (prohibited) from:

14 Contacting, or attempting to contact, petitioner or _____ (name
15 of protected person) by telephone.

16 Contacting, or attempting to contact, petitioner or _____ (name
17 of protected person) by mail.

18 4. Respondent shall move from and not return to the residence located at _____

19 _____ except with a peace officer in order
20 to remove essential personal effects of the respondent, including, but not limited
21 to: clothing, toiletries, medications, social security cards, birth certificates,
22 identification, and tools of the trade.

23 5. A peace officer shall accompany the petitioner/guardian petitioner to the parties' _____

24 residence in order to remove essential personal effects including, but not limited to:
25 clothing, toiletries, medications, social security cards, birth certificates, identification, and tools of the trade.

26 ///

27 ///

28 ///

6. Petitioner has been a victim of abuse involving the wrongful taking or appropriation of money or property. To prevent or correct the wrongful taking or appropriation, the following order(s) is/are made:

a. The respondent shall not exercise control over the money or property of the elderly or disabled person, including but not limited to:

b. The respondent shall return custody or control of the money or property of the elderly/disabled person to the elderly/disabled person, including but not limited to:

c. The respondent shall follow the instructions of the guardian or conservator of the elderly or disabled person.

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.

e. Other(Optional/See NOTE below):

NOTE: "Other" relief under Paragraph 6 to prevent or correct 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. In addition, relief cannot be granted that would be more appropriately obtained in a protective proceeding filed under ORS chapter 125. [ORS 24.020(2)(a)]

7. Other relief:

8. No further service is necessary because respondent appeared in person before the court.

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/them 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: _____

25 Has respondent ever been arrested for or convicted of a violent crime? EXPLAIN: _____

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: _____

1 IT MAY ALSO BE RENEWED UPON GOOD CAUSE SHOWN, REGARDLESS OF WHETHER THERE HAS BEEN A FURTHER ACT OF
2 ABUSE. IF YOU ARE ARRESTED FOR VIOLATING THIS ORDER, THE SECURITY AMOUNT (BAIL) IS \$5,000, UNLESS A DIFFERENT
3 AMOUNT IS ORDERED BY THE COURT. VIOLATION OF THIS ORDER CONSTITUTES CONTEMPT OF COURT AND IS PUNISHABLE BY
4 A FINE OF UP TO \$500 OR 1 PERCENT OF YOUR ANNUAL GROSS INCOME, WHICHEVER IS GREATER, A JAIL TERM OF UP TO SIX
5 MONTHS, OR BOTH. OTHER SANCTIONS MAY BE IMPOSED.
6

7
8 **REQUEST FOR HEARING**

9 I am the Respondent in the above-referenced action and I request a hearing to contest all or part of the
10 Order as follows (check one or more):
11

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

13 Other: _____
14 _____
15 _____
16 _____
17 _____

18 I ___ (will) ___ (will not) be represented by an attorney at the hearing.

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

20
21 (If you completed this document without the assistance of an attorney, you are required to complete
22 truthfully the certificate below.) I certify that: (check the blank that applies)

- 23 ___ I selected this document for myself, and I completed it without paid assistance and
24 without assistance from an attorney.
25 ___ I paid, or will pay, money to _____ for
26 assistance in preparing this document.

27 Date: _____

28 _____
Signature of Respondent
29 _____
Address or Contact Address
30 _____
City State Zip

Telephone or Contact Telephone Number(s)

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. At the hearing, a judge will decide whether the order should be canceled or changed. The only purpose of this hearing will be 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.

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

___ I selected this document for myself, and I completed it without paid assistance and without assistance from an attorney.

___ I paid, or will pay, money to _____ for assistance in preparing this document.

Date: _____

Signature

Address or Contact Address

City State Zip

Telephone or Contact Telephone Number(s)

FORM 7

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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 petition is filed), by and
through his/her Guardian Petitioner _____

(name)

v.

Respondent (person to be restrained).

PETITIONER'S/ GUARDIAN PETITIONER'S
MOTION AND ORDER OF DISMISSAL
(Elderly Persons and Persons With Disabilities
Abuse Prevention Act)

Case No. _____

MOTION

Comes now Petitioner Guardian Petitioner, _____, and moves this 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.

Signature of Petitioner/Guardian Petitioner

Print or Type Name of Petitioner/ Guardian Petitioner

SUBSCRIBED AND SWORN TO before me this _____ day of
_____, 200____, by _____
(month) (year) (Print Name of Petitioner/Guardian Petitioner)

NOTARY PUBLIC FOR OREGON/COURT CLERK
My Commission Expires: _____

ORDER

___ Motion Granted. ___ Motion Denied.

IT IS SO ORDERED this _____ day of _____, 20____.
(month) (year)

JUDGE (Signature)

Print, Type or Stamp Name of Judge

Submitted by:

Print Name Address or Contact Address
___ Petitioner
___ Guardian Petitioner
___ Attorney for Petitioner/Guardian Petitioner City State Zip
OSB No. _____

Telephone or Contact Telephone Number(s)