

# RENEWING A FAMILY ABUSE PREVENTION ACT (FAPA) RESTRAINING ORDER

## INSTRUCTIONS

Procedures vary from court to court. Check with your local court for filing instructions.

### IMPORTANT NOTE

#### *INFORMATION THAT MUST BE KEPT CONFIDENTIAL*

You must keep certain information (“confidential personal information”) out of any papers you file or submit to the court and, instead, provide that information in a Confidential Information Form (CIF). “Confidential Personal Information” includes social security number; date of birth; former legal names, driver license numbers; and employer’s name, address, and telephone number. It also applies to information regarding a party or a party’s child. On the pleading or document where that confidential personal information would otherwise appear, you must note that the information has been separately provided under [UTCRC 2.130](#).

#### **Relevant Rules and Forms**

[UTCRC 2.130](#) – Family Law Confidential Information Forms

[UTCRC Form 2.130.1](#) – Family Law Confidential Information Form

[UTCRC Form 2.130.2](#) – Notice of Filing Confidential Information Form

### CAN A RESTRAINING ORDER BE RENEWED?

The person who asked for the restraining order can ask the court to renew it for another year if you are still afraid you may be abused by the respondent in the future.

### HOW DO I ASK FOR MY RESTRAINING ORDER TO BE RENEWED?

If you want to renew the restraining order, fill out the forms in Packet Three and submit them to the court where you got your original restraining order.

### WHEN CAN I ASK FOR MY RESTRAINING ORDER TO BE RENEWED?

File your request with the court sometime before the original order ends. Remember, the original restraining order lasts for one year from the day it was signed by the judge. To renew the order, your papers must be filed before the end of that year. You may lose your chance to apply if you do not file before the date the order ends.

### WHAT HAPPENS NEXT?

After you file your renewal forms, the judge will decide if it is reasonable for a person in your situation to be afraid of future abuse by the other party if the restraining order is not renewed. You do not have to prove that there has been any new abuse since the original order was signed.

If the judge grants your renewal, court staff will make copies for you. You will need to have one of the copies personally given to the other person by a sheriff, a private process server or any mentally competent person who is 18 or older, as long as the person lives in the state where the papers are served. You cannot serve the papers

yourself. The server is required to complete and file with the court an affidavit of service. There is a form in the packet, but some servers use their own forms. Talk to the court clerk about ways to get the respondent served.

The respondent has 30 days from the date of service to request a hearing. If the respondent does not request a hearing, the renewed restraining order will stay in effect.

If the respondent requests a hearing, the only issue the judge will consider is whether to continue or dismiss the restraining order. No other issues will be considered.

If the respondent requests a hearing, it will be held within 21 days after receiving the hearing request. The court will mail you a notice of the hearing date and time or may notify you by phone. It is very important for you to give the court a reliable address and phone number where you can be contacted. If you do not appear at the hearing, your restraining order may be dismissed. **Be sure the court always has your current contact addresses and contact phone number so you get notice of any hearing.**

### **DO I NEED A LAWYER?**

If you have questions about how the law works or what it means, you may need to talk to a lawyer. Only a lawyer licensed in Oregon can give you legal advice. Court staff cannot give you legal advice. You may have a lawyer represent you at the hearing but it is not required. If need help finding a lawyer, you may call the Oregon State Bar's Lawyer Referral Service at 503.684.3763 or 800.452.7636. If you believe you cannot afford a lawyer, ask court staff if your area has a legal services (legal aid) program that might help you.

### **WHAT IF I NEED AN ACCOMMODATION OR AN INTERPRETER?**

If you have a disability and need an accommodation, or you are unable to speak English and need a foreign language interpreter, you must tell the court as soon as possible, but at least four days before your hearing. Tell the clerk that you have a disability and what type of assistance you need or prefer, or which language you speak.



I hereby ask the court to issue an Order renewing the Restraining Order in this matter that was originally signed on \_\_\_\_\_, 20\_\_\_\_ (date of *original* order) for a period of one year, and continuing the security amount set forth in the original restraining order or in such other amount as the court deems appropriate.

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

\_\_\_\_\_  
Print or Type Name of Petitioner

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

SIGNED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by

\_\_\_\_\_  
(Print Name of Petitioner)

\_\_\_\_\_  
NOTARY PUBLIC FOR OREGON/COURT CLERK

My commission expires: \_\_\_\_\_

**Certificate of Document Preparation** You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to \_\_\_\_\_ for assistance in preparing this form.

**Submitted by:**

\_\_\_\_\_  
Print Name,  Petitioner  Attorney for Petitioner

OSB No. (if applicable)

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

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

\_\_\_\_\_  
Contact Telephone Number

Use a **Safe** Contact address

Use a **Safe** Contact number

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

_____	See CIF	)	Case No. _____
Petitioner (your full name)	(date of birth)	)	
		)	
v.		)	NOTICE TO RESPONDENT/ REQUEST FOR HEARING (Family Abuse Prevention Act)
		)	
_____	See CIF	)	
Respondent	(date of birth)	)	
(full name of person restrained)		)	

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

**To Respondent:** The restraining order previously issued by the court has been renewed (continued) and remains in effect. The court has found that a person in the Petitioner’s situation would reasonably fear further acts of abuse by you if the order was not renewed. This renewed order becomes effective immediately.

**If you wish to contest the renewal of this order, you must complete page 3 and mail or deliver it to  
PO Box 1749, 300 SW 4<sup>th</sup> Street, Albany, OR 97321**

**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 renewed. The only issue that will be considered at the hearing is the reason for the renewal unless the Petitioner agrees with your written request to hear other issues involving the restraining order.

Keep in mind that the order you have received is in effect and remains in effect until the court that issued the order modifies or dismisses it or until it expires. If you are arrested for violating this order, the security amount (bail) is \$5,000, unless a different amount is ordered by the court.

This order, or any order continuing or changing this order, is enforceable in every county in Oregon. It is also enforceable in all 50 states, the District of Columbia, tribal lands, and territories of the United States.

Violation of this order, or any order changing this order, constitutes contempt of court, punishable by a fine of up to \$500 or one percent of your annual gross income, whichever is greater, or a jail term of up to six months, or both. Other sanctions may also be imposed for contempt.



**REQUEST FOR HEARING**  
*(To Be Completed By Respondent Only)*

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

\_\_\_\_\_ ) Case No. \_\_\_\_\_  
Petitioner (date of birth) )  
(full name of person who asked for restraining order) )

v. ) **REQUEST FOR HEARING**  
) **RE: ORDER RENEWING RESTRAINING ORDER**  
) **(Family Abuse Prevention Act)**  
)

\_\_\_\_\_ )  
Respondent (date of birth) )  
(full name of person to be restrained) )

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

- The basis for the renewal.
- Other term(s) of the Order (please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I  will  will not be represented by an attorney at the hearing. The name and Bar Number of the attorney (if known) are: \_\_\_\_\_

- I will need \_\_\_\_\_ language interpretation services at the hearing.
- I will need Americans with Disabilities Act accommodations at the hearing. Please describe \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Respondent's Signature

**Certificate of Document Preparation** You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to \_\_\_\_\_ for assistance in preparing this form.

**Submitted by:**

\_\_\_\_\_  
Print Name,  Respondent  Attorney for Respondent  OSB No. *(if applicable)*

\_\_\_\_\_  
Contact Address City, State, Zip Telephone or Contact Telephone Number  
Use Safe Contact Address Use Safe Contact Number



**FIREARMS PROHIBITIONS MAY APPLY TO YOU!**

As a result of this Order, or any Order continuing or changing this Order, it may be unlawful for you to possess or purchase a firearm, including, a rifle, pistol, or revolver, or ammunition pursuant to federal law under 18 U.S.C. § 922(g)(8), as well as state and local law. If you have any questions whether these laws make it illegal for you to possess or purchase a firearm, you should consult an attorney.

**CERTIFICATE OF COMPLIANCE  
WITH THE VIOLENCE AGAINST WOMEN ACT**

This protective Order meets all full faith and credit requirements of the Violence Against Women Act, 18 U.S.C. 2265. This court has jurisdiction over the parties and the subject matter. The Respondent is being afforded notice and timely opportunity to be heard as provided by the law of the jurisdiction. This Order is valid and entitled to enforcement in this and all other jurisdictions.

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

\_\_\_\_\_  
JUDGE (Signature)

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

**Submitted by:**

\_\_\_\_\_  
Print Name  Petitioner  Attorney for Petitioner

OSB No. *(if applicable)*

\_\_\_\_\_  
Contact Address  
Use a **Safe** Contact address

City, State, Zip

\_\_\_\_\_  
Contact Telephone Number  
Use a **Safe** Contact number

**RELEVANT DATA**

**PETITIONER:** \_\_\_\_\_  Female  Male

*Name*

\*\*\*Residence/Contact Address (Use a **safe** address\*\*\*):

Number, Street and Apt. Number (*if applicable*)

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

Telephone/Contact Telephone Number \_\_\_\_\_

(Use **safe** contact number)

Birthdate \_\_\_\_\_ (**See CIF**) Age \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

\*\*\***The Respondent will receive a copy of this information.** If you wish to have your residential address or telephone number withheld from Respondent, use a contact address in the state where you reside or a contact telephone number so the Court and the Sheriff can reach you if necessary. Please check for mail at

**RESPONDENT:** \_\_\_\_\_  Female  Male

*Name*

Residence Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Birthdate \_\_\_\_\_ (**See CIF**) Age \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

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

**Where is Other Party most likely to be located?**

Residence Hours \_\_\_\_\_ Address \_\_\_\_\_

Employment Hours \_\_\_\_\_ Address \_\_\_\_\_ (**See CIF**)

Other Hours \_\_\_\_\_ Address \_\_\_\_\_

**Description of Vehicle** \_\_\_\_\_

Is there anything about the other party's character, past behavior, or the present situation that indicates that he or she may be a **danger** to others? to him/herself? **EXPLAIN:** \_\_\_\_\_

Does the other party have any **weapons, or access to weapons**? **EXPLAIN:** \_\_\_\_\_

Has the other party ever been arrested for or convicted of a **violent crime**? **EXPLAIN:** \_\_\_\_\_



_____	DO NOT LIST SOCIAL SECURITY NUMBERS–
_____	THIS INFORMATION IS NOT NEEDED FOR A
_____	FAMILY ABUSE PREVENTION ACT
_____	ORDER
_____	

Please attach an additional sheet if there are more than five children involved in the proceeding.

**I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use as evidence in court and are subject to penalty for perjury.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

**COMPLETED AND SUBMITTED BY:**

Petitioner  Respondent  Co-Petitioner  Child who is at least 18 and under 21  Other: \_\_\_\_\_

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

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

\_\_\_\_\_ )  
 Petitioner  Co-Petitioner, )  
 and )  
 \_\_\_\_\_ )  
 Respondent  Co-Petitioner. )

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

**NOTICE OF FILING OF**  
 **CONFIDENTIAL INFORMATION FORM (CIF)**  
 **AMENDED CIF**

**NOTICE: Confidential Information Form Has Been Filed**

Uniform Trial Court Rule (UTCRC) 2.130 requires that parties to domestic relations cases place certain information about themselves and other parties in a CIF when such information is required in a document filed with the court.

The CIF is not available for public inspection except as authorized by law.

Parties are allowed to see a CIF that contains information about them.

A party who wants to see a CIF that contains information about another party must ask for permission from the court or the other party by following the procedures set out in UTCRC 2.130.

**I am the (check one box):**

- Petitioner  Respondent  Co-Petitioner \_\_\_\_\_
- Child at least 18 but under 21: \_\_\_\_\_
- Other: \_\_\_\_\_

**I filed Confidential Information Forms with the court about the following parties to this case (complete a section for each party for whom you have filled out a CIF):**

- 1) Name (Last, First, Middle): \_\_\_\_\_  
 Petitioner  Respondent  Co-Petitioner  Adult Child  Other: \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

- party's Social Security number,  party's date of birth,  children's Social Security number,
- children's date of birth,  employer's name, address and telephone number,  driver license number,  former legal name(s).

2) Name (Last, First, Middle): \_\_\_\_\_  
 Petitioner  Respondent  Co-Petitioner  Adult Child  Other: \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

party's Social Security number,  party's date of birth,  children's Social Security number,  
 children's date of birth,  employer's name, address and telephone number,  driver license number,   
former legal name(s).

3) Name (Last, First, Middle): \_\_\_\_\_  
 Petitioner  Respondent  Co-Petitioner  Adult Child  Other: \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

party's Social Security number,  party's date of birth,  children's Social Security number,  
 children's date of birth,  employer's name, address and telephone number,  driver license number,   
former legal name(s).

4) Name (Last, First, Middle): \_\_\_\_\_  
 Petitioner  Respondent  Co-Petitioner  Adult Child  Other: \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

party's Social Security number,  party's date of birth,  children's Social Security number,  
 children's date of birth,  employer's name, address and telephone number,  driver license number,  
 former legal name(s).

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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Signature Print Name

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Contact Address City, State, Zip Contact Telephone