

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

_____) Case No.
Petitioner,)
)
) **APPLICATION FOR APPOINTMENT**
) **OF GUARDIAN AD LITEM**
vs.) Elderly Persons and Persons With
) Disabilities Abuse Prevention Act
_____)
Respondent.)
)
)

_____, applies to the Court to be appointed as Guardian ad Litem for
Petitioner under the Elderly Persons and Persons With Disabilities Abuse Prevention Act,
seeking a protective order against Respondent. Petitioner is unable to participate in Court
proceedings because: _____

_____.

DATED: _____ Signature _____

Submitted by:

Print Name

Address

City, State Zip Code

Phone

STATE OF OREGON)
)
County of _____)

**APPLICANT'S AFFIDAVIT
OR DECLARATION**

I, _____, having been first duly sworn under penalty of perjury, declare that the following information is true:

1. My full name, any other name used, and date of birth are _____
_____.
2. My relationship to Petitioner is: _____.
3. My relationship to respondent is: _____.
4. My employment or business relationships with either party is as follows: _____
_____.
5. The names of any Guardian, Conservator and any fiduciary appointed for Petitioner in Oregon or any other state are: _____.
6. The following persons are designated as Petitioner's:
Trustee: _____,
Power of Attorney: _____,
Health Care Representative: _____.
7. Petitioner's treating physician name and telephone number are: _____
_____.
8. Petitioner's disability is: _____
_____.
9. Petitioner cannot appear in Court in person or by telephone because: _____
_____.
10. Does Petitioner want the restraining order? Yes No I know this because:
_____.
11. I provide the following care for Petitioner: _____
_____.
12. Who else provides care for Petitioner? _____.
13. I hold or receive the following money or assets for Petitioner: _____.

_____.

14. I am using these assets of Petitioner's [include living in Petitioner's house or driving Petitioner's vehicle]: _____

_____.

15. Petitioner lives in the following care facility [name, address]: _____

_____.

16. I have been convicted of the following crimes: _____

_____.

17. I have filed for bankruptcy. Yes No

18. I have had the following licenses suspended or revoked: _____

_____.

19. Has the abuse been reported to police and Adult Protective Services? Yes No

20. If a report was made, what action was taken by the police and/or Adult Protective Services? _____

21. My attorney is: _____

22. Petitioner's attorney is: _____

DATED this _____ day of _____, 201_____.

Applicant's Signature

SUBSCRIBED & SWORN TO before me this _____ day of _____, 201_____.

NOTARY PUBLIC/COURT CLERK

The order appointing Guardian Ad Litem together with all supporting documents must be served on petitioner together with the other notices and documents as provided for in ORS 124.024.

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

_____)	Case No.
Petitioner,)	
)	ORDER APPOINTING GUARDIAN
)	AD LITEM
vs.)	Elderly Persons and Persons With
)	Disabilities Abuse Prevention Act
_____)	
Respondent.)	
)	
)	

IT IS ORDERED that _____ is appointed to serve as
Guardian Ad Litem for Petitioner in this case.

If the EPPDAPA protective order is issued, this appointment will expire after hearing on
any objection or modification thereto, but in no case later than one year from the date of the
issuance of the protective order.

DATED this _____ day of _____ 201____.

Circuit Court Judge