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

_____)	Case No. _____
Petitioner,)	
_____)	____ Petitioner's
vs.)	____ Respondent's
_____)	MOTION, AFFIDAVIT & ORDER TO
Respondent.)	SHOW CAUSE FOR MODIFYING
)	RESTRAINING ORDER
)	(Family Abuse Prevention Act)

MOTION

CUSTODY ISSUES:

1. On the basis of ORS 107.730 and the attached affidavit, I respectfully move the court to issue an Order to (____ Petitioner) (____ Respondent) to Show Cause why the Restraining Order entered in this matter should ot be modified as to custody in the manner indicated below:

A. Petitioner should be awarded custody of the following children of the parties, subject to the parenting time (visitation) terms set forth below.

Name: _____ Name: _____

Age: _____ Age: _____

Name _____ Name: _____

Age: _____ Age: _____

B. Respondent should be awarded custody of the following children of the parties, subject to the parenting time (visitation) terms set forth below.

Name: _____ Name: _____

Age: _____ Age: _____

Name: _____ Name: _____

Age: _____ Age: _____

- 1 C. A peace officer of the county or city in which the children are located should be ordered to
2 assist in recovering the custody of the children of the above parties to the party awarded
3 custody. The peace officer should be authorized to use any reasonable force necessary.

4 PARENTING TIME (VISITATION) ISSUES:

- 5 2. On the basis of ORS 107.730 and the attached affidavit, I respectfully move the court to issue an Order to
6 (___Petitioner) (___Respondent) to Show Cause why the Restraining Order entered in this matter should not
7 be modified as to parenting time (visitation) in the manner indicated below.

- 8 A. NO PARENTING TIME (VISITATION) due to _____
9 _____

- 10 B. SUPERVISED PARENTING TIME (VISITATION): Three hours per week, supervised by:
11 _____, as follows (day of week, location and times):
12 _____

- 13 C. Once per week on _____(day) from _____ am/pm to _____ am/pm.

- 14 D. On the FIRST and THIRD weekends of each month from 7:00 pm Saturday to 7:00 pm Sunday.
The first weekend is the one in which both Saturday and Sunday are in the new month.

- 15 F. OTHER PARENTING TIME (VISITATION) AS FOLLOWS: _____
16 _____

- 17 G. Parenting time (visitation) details not provided for in the ORDER, including the days or hours of
parenting time (visitation), shall be arranged through _____.

- 18 H. The parent not awarded custody should be ordered to pick up and return the children at the curb, or
19 driveway if no curb, of the residence of the custodial parent or at _____
20 _____(name & address of different location) no more than
15 minutes early nor 15 minutes late.

- 21 3. Other relief: _____
22 _____
23 _____

- 24 4. If (___Petitioner) (___Respondent) failed to appear, I further move that the court grant the Order
25 Modifying the Restraining Order in the manner indicated above, and that the court provide such other
26 relief as may be appropriate.

1 **ORDER TO SHOW CAUSE**

2 TO: _____ (___ Petitioner) (___ Respondent)

3 _____ (Address)

4 _____ (City/State/Zip)

5 IT IS HEREBY ORDERED that you must appear at a hearing before this court on _____
6 at _____ o'clock to show cause, if you have any, why the Restraining Order entered in this matter on
7 _____ should not be modified as described in the attached Motion.

8 If you do not appear in person for your hearing when it is scheduled, the Court may grant (___ Petitioner)
9 (___ Respondent) the relief requested and such other relief as may be appropriate.

10 IT IS SO ORDERED this _____ day of _____, 20 _____.

11 _____
CIRCUIT JUDGE (signature)

12 _____
Print, Type or Stamp Name of Judge

13 **NOTICE**

14 **READ THESE PAPERS CAREFULLY**

15 **IF YOU FAIL TO APPEAR AT THE SCHEDULED HEARING, THE COURT MAY GRANT THE RELIEF**
16 **REQUESTED. IF YOU HAVE ANY QUESTIONS, YOU SHOULD SEE AN ATTORNEY IMMEDIATELY.**

17 Submitted by: _____
18 Print Name
19 _____ Petitioner _____ Respondent
_____ Attorney for: _____ Petitioner _____ Respondent
20 OSB No. _____

21 _____
Address or Contact Address

22 _____
City State Zip

23 _____
Telephone or Contact Telephone Number(s)

RELEVANT DATA

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RESPONDENT _____ Sex _____ Telephone No. _____

Residence Address _____

City/State/Zip _____ County _____

Birth Date _____ Age _____ Race _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

PETITIONER _____ Sex _____ Telephone No.* _____

Residence Address* _____

City/State/Zip _____ County _____

Birth Date _____ Age _____ Race _____

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 telephone number so the court and the sheriff can reach you if necessary.

PLEASE FILL OUT THIS INFORMATION TO AID IN SERVICE OF THE MOTION TO MODIFY

Where is the other party most likely to be located?

- Residence Hours _____
- Employment Hours _____ Address: _____
- Other Hours _____ Address: _____

Description of vehicle _____

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: _____

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