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

Petitioner,

(D.O.B) _____)
vs.

Respondent.

(D.O.B) _____)

Case No. _____

NOTICE TO RESPONDENT/
REQUEST FOR HEARING
(Elderly and Disabled Person Abuse
Prevention Act)

THIS FORM MUST BE ATTACHED TO SERVICE COPY
OF RESTRAINING ORDER

TO RESPONDENT: A TEMPORARY RESTRAINING ORDER HAS BEEN ISSUED BY THE COURT WHICH AFFECTS YOUR RIGHTS AND IS NOW IN EFFECT. THIS ORDER BECOMES EFFECTIVE IMMEDIATELY. IF YOU WISH TO CONTEST THE CONTINUATION OF THIS ORDER, YOU MUST COMPLETE THIS FORM AND MAIL OR DELIVER IT TO:
Trial Court Administrator
Polk County Courthouse
850 Main Street, Room 301
Dallas, Oregon 97338-3178

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, CHANGED OR EXTENDED. Keep in mind that this order remains in effect 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. If you are arrested for violating this order, the security amount (bail) is \$5,000, unless a different amount is ordered by the court. Violation of this order constitutes contempt of court and is punishable by a fine of up to \$500 or 1 percent of your annual gross income, whichever is greater, a jail term of up to six months, or both. Other sanctions may be imposed.

1 REQUEST FOR A HEARING

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

- 4 The order restraining me from contacting or attempting to contact the petitioner.
- 5 Other _____

6 I (will) (will not) Be represented by an attorney at the hearing.

7
8 Notice of the time and place of the hearing can be mailed to me at the address below my signature.

9 You are required to truthfully complete the certificate below only if you completed this document without the assistance
10 of an attorney. I certify that: (check the blank that applies)

- 11 I selected this document for myself, and I completed it without paid assistance and without
12 assistance from an attorney.
- 13 I paid, or will pay, money to _____ for assistance
14 In preparing this document.

15 Date _____

16 _____
Signature of Respondent

17 _____
Address or Contact Address

18 _____
City State Zip

19 _____
Telephone or Contact Telephone Number(s)

REQUEST FOR HEARING

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

- The Order restraining me from contacting or attempting to contact the petitioner.
- The Order granting child custody to the petitioner.
- The terms of the parenting time Order.
- Other _____

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.

Signature of Respondent	Date	Address or Contact Address
Print or Type Name of Respondent	City	State Zip
Telephone or Contact Telephone Number(s)		

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