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IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

_____ )	
Petitioner, )	
(D.O.B) _____ )	Case No. _____
vs. )	NOTICE TO RESPONDENT/ REQUEST FOR HEARING (Family Abuse Prevention Act)
_____ )	
Respondent. )	
(D.O.B) _____ )	

THIS FORM MUST BE ATTACHED TO SERVICE COPY  
OF RESTRAINING ORDER

**TO RESPONDENT:** A 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, OR WITHIN 5 DAYS IF YOU ARE CONTESTING A CUSTODY PROVISION (NOT PARENTING TIME). AT THE HEARING, A JUDGE WILL DECIDE WHETHER THE ORDER SHOULD BE CANCELED, CHANGED OR EXTENDED. THE ONLY PURPOSE OF THIS HEARING WILL BE TO DETERMINE IF THE TERMS OF THE COURT'S ORDER SHOULD BE CANCELED, CHANGED, OR EXTENDED.

1 IF YOU DO NOT REQUEST A HEARING WITHIN THE TIME ALLOWED BY LAW, THIS RESTRAINING  
2 ORDER WILL BE CONFIRMED BY OPERATION OF LAW. THAT MEANS THAT THIS RESTRAINING ORDER  
3 WILL CONTINUE IN EFFECT AS ISSUED BECAUSE YOU HAVE BEEN GIVEN BUT HAVE NOT EXERCISED  
4 YOUR RIGHTS TO REQUEST AND PARTICIPATE IN A HEARING. OREGON LAW CONSIDERS THIS  
5 CONFIRMATION SUFFICIENT TO MEET THE REQUIREMENTS OF FEDERAL LAW THAT MAY PROHIBIT  
6 YOU FROM POSSESSING A FIREARM OR FIREARM AMMUNITION WHILE THIS RESTRAINING ORDER IS  
7 IN EFFECT.

8 KEEP IN MIND THAT THE RESTRAINING ORDER YOU HAVE RECEIVED IS IN EFFECT AND REMAINS IN  
9 EFFECT UNTIL THE COURT THAT ISSUED THE ORDER MODIFIES IT OR DISMISSES IT OR UNTIL IT  
10 EXPIRES. THE ORDER MAY ALSO BE RENEWED UPON A FINDING THAT A PERSON IN THE  
11 PETITIONER'S SITUATION WOULD REASONABLY FEAR FURTHER ACTS OF ABUSE BY YOU IF THE  
12 ORDER IS NOT RENEWED. IF YOU ARE ARRESTED FOR VIOLATING THIS ORDER, THE SECURITY  
13 AMOUNT (BAIL) IS \$5,000 UNLESS A DIFFERENT AMOUNT IS ORDERED BY THE COURT.

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

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

19 While this Order, or any Order continuing or changing this Order, is in effect, federal law may prohibit you from :

- 20 ✓ Traveling across state lines or tribal land lines with the intent to violate this Order and then  
21 violating this order.
- 22 ✓ Causing the petitioner to cross state lines or tribal land lines for your purpose of violating the law.
- 23 ✓ Possessing, receiving, shipping or transporting any firearm or firearm ammunition.

24 Whether or not a Restraining Order is in effect, federal law may prohibit you from:

- 25 ✓ Traveling across state lines or tribal land lines with the intent to injure the petitioner and then  
26 intentionally committing a crime of violence causing bodily injury to the petitioner.
- ✓ Causing the petitioner to travel across state lines or tribal land lines if your intent is to cause bodily injury  
to the petitioner or if the travel results in your causing bodily injury to the petitioner.

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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