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

\_\_\_\_\_)  
Petitioner, )  
)  
) Case No. \_\_\_\_\_  
)  
vs. )  
)  
) AFFIDAVIT OF PROOF  
) OF SERVICE  
) (Family Abuse Prevention Act)  
\_\_\_\_\_)  
Respondent. )

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

I am a resident of the State of Oregon or of the state of service. I am a competent person 18 years of age or older. I am not an attorney for or a party to this case, or an officer, director, or employee of any party to this case.

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I served the Restraining Order to Prevent Abuse and the Petition for Restraining Order to Prevent Abuse in this case personally upon the above-named respondent in \_\_\_\_\_ County, State of \_\_\_\_\_, by delivering to the respondent a copy of those papers, each of which was certified to be a true copy of each original.

\_\_\_\_\_) Signature of Process Server Address \_\_\_\_\_  
\_\_\_\_\_) Print or Type Name of Process Server City State Zip \_\_\_\_\_  
\_\_\_\_\_) Telephone Number(s) \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by: \_\_\_\_\_  
Print Name of Process Server

\_\_\_\_\_) NOTARY PUBLIC FOR OREGON/COURT CLERK  
My Commission Expires: \_\_\_\_\_