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

Petitioner,)
)
) Case No. _____
)
) vs.)
)
) RESPONDENT'S WAIVER OF
) PERSONAL SERVICE
) (Family Abuse Prevention Act)

Respondent.)

(NOTE: This is an optional form)

In order to maintain the confidentiality of my residential address, I hereby waive my right to personal service if I am subsequently charged with contempt. I am giving the following contact address for service of process and select the following method of substituted service: (Check ONE blank only)

_____ Mailing address: _____

_____ Business address: _____

_____ Specified agent: _____

(If you completed this document without the assistance of any 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

Print or Type Name of Respondent

Submitted by: _____
Print Name Respondent Address or Contact Address

Attorney for Respondent City State Zip

OSB No. _____
Telephone or Contact Telephone Number(s)