

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

_____) Case No. _____
 Petitioner)
 Petitioner-Parent/Guardian of Minor Child)
 _____)
(Name of Protected Minor Child))
(full names))
v.) **PETITION FOR SEXUAL ABUSE**
) **PROTECTIVE ORDER**
)
) ORS _____
_____) Respondent)
(full name of person to be restrained))

NOTICE TO PETITIONER

You must provide complete and truthful information. If you do not, the court may dismiss the protective order and may also hold you in contempt.

Contact Address and Telephone Number: 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. *NOTE: It is important for you to keep the court and sheriff's office advised of your most current contact information while an Order is in effect.*

NOTICE TO PETITIONER

You may keep certain information ("protected personal information") out of any papers you file or submit to the court. You may instead provide that information in a Segregated Information Sheet. On this Petition, where that protected personal information would otherwise appear, you may provide that in a Segregated Information Sheet (under UTCR 2.100) (see instructions).

I am the Petitioner and I state that the following information is true:

I am a resident of _____ County, Oregon. I am _____ years old.

Respondent is a resident of _____ County, State of _____.

At the hearing, I will need an interpreter in the _____ language.

At the hearing, I will need Americans with Disabilities Act accommodations.

1. AGE OF PARTIES (You must complete either paragraph 1A or paragraph 1B.)

1A. I AM AN ADULT. Respondent is 18 years old or older. Respondent is _____ years old.

or

1B. I AM A MINOR (UNDER THE AGE OF 18). Respondent is 18 years old or older.
Respondent is _____ years old.

2. I AM AN ADULT AND RESPONDENT AND I ARE NOT FAMILY OR HOUSEHOLD MEMBERS. THIS MEANS:

- we are **not** spouses/domestic partners or former spouses/domestic partners;
- we are **not** adults related by blood, marriage, or adoption;
- we have **never** cohabited (lived together in a sexually intimate relationship);
- we have **not** been involved in a sexually intimate relationship in the last two years; and
- we are **not** the unmarried parents of a child.

3. RESPONDENT IS NOT PROHIBITED FROM CONTACTING ME BY ANY OF THE FOLLOWING KINDS OF RESTRAINING, PROTECTIVE, OR NO CONTACT ORDERS:

- a restraining order from another state, Indian tribe, or territory,
- a stalking protective order,
- an Elderly Persons and Persons With Disabilities Abuse Prevention Act restraining order,
- a no contact order entered in a criminal case, or
- a restraining order entered in a juvenile court dependency case.

4. WITHIN THE LAST 180 DAYS**.

4A. Respondent has subjected me to sexual abuse including (check one or more of the boxes below):

- Sexual contact without my consent or
- Sexual contact when I was not capable of consenting, and

4B. I reasonably fear for my physical safety.

4C. The abuse happened within the last 180 days.

****THE 180 DAY PERIOD CAN BE INCREASED BY THE AMOUNT OF TIME RESPONDENT WAS INCARCERATED (IN JAIL OR IN PRISON), LIVED MORE THAN 100 MILES FROM YOUR HOME, OR WAS SUBJECT TO A RESTRAINING, PROTECTIVE, OR NO CONTACT ORDER.**

- The Respondent was incarcerated (in jail or in prison) from _____ to _____ (date).
- The Respondent lived more than 100 miles from my home from _____ to _____ (date).
- The Respondent was subject to a restraining, protective, or no contact order from _____ to _____ (date).

5. DESCRIBE HOW THE RESPONDENT SEXUALLY ABUSED YOU IN THE LAST 180 DAYS (START WITH THE MOST RECENT ABUSE):

Date: _____, County/State: _____: _____

Date: _____, County/State: _____: _____

Additional pages attached labeled “*Paragraph 5: Description of Sexual Abuse*”

6. DID THE RESPONDENT SEXUALLY ABUSE YOU OR OTHERWISE CAUSE YOU TO REASONABLY FEAR FOR YOUR PHYSICAL SAFETY BEFORE THE 180 DAY PERIOD? IF YES, EXPLAIN?

Date: _____, County/State: _____: _____

Date: _____, County/State: _____: _____

Additional pages attached labeled “*Paragraph 6: Additional Abuse*”

7. I REASONABLY FEAR FOR MY PHYSICAL SAFETY BECAUSE (DESCRIBE OR EXPLAIN):

8. IN ANY OF THE ABOVE INCIDENTS:

8A. Were weapons involved? Yes No Describe: _____

8B. Were the police called? Yes No

8C. Was the Respondent arrested? Yes No

I hereby declare that the above statement is true to the best of my knowledge and belief. I understand it is made for use as evidence in court and is subject to penalty for perjury.

Date

Signature of Petitioner

Certificate of Document Preparation You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to _____ for assistance in preparing this form.

Submitted by:

Print Name, Petitioner Attorney for Petitioner

OSB No. (*if applicable*)

Address or Contact Address
Use **Safe** Contact Address

City, State, Zip

Telephone or Contact Telephone Number
Use **Safe** Contact Number