

GETTING A SEXUAL ABUSE PROTECTIVE ORDER (SAPO)

INSTRUCTIONS

Procedures vary from court to court. Check with your local court for filing instructions.

WHAT IS A SEXUAL ABUSE PROTECTIVE ORDER (SAPO)?

A Sexual Abuse Protective Order (SAPO) is a court order that tells the person who hurt you (Respondent) to leave you, your children, and your family alone. It can order the Respondent not to enter a reasonable area around your residence. You can ask the judge to add other conditions (listed in the protective order) that you think will help keep you safe.

WHO CAN HELP ME DECIDE WHETHER TO ASK FOR A SAPO?

You can call your local Victims' Assistance Program (VAP) or community-based (non-profit) sexual assault or domestic violence program to get help in deciding whether to ask the court for a SAPO and to do safety planning. Advocates can discuss information that may be important for you to consider in deciding whether to seek a SAPO. Advocates can also provide you information about what to expect during a SAPO hearing, which is open to the public. For information regarding sexual violence resources, please ask court staff for information about resources or visit the following websites:

Sexual Violence Resources and Programs: <http://oregonsatf.org/help-for-survivors/>

Victims' Assistance Programs: <https://www.doj.state.or.us/crime-victims/>

Nonprofit Advocacy Programs: <http://www.ocadsv.org/find-help>

If you have questions about how the law works or what it means, you should talk to a lawyer. For help finding a lawyer, call the Oregon State Bar's Lawyer Referral Service at 503.684.3763 or 800.452.7636. If you believe you cannot afford a lawyer, ask court staff if your area has a legal services (legal aid) program that might help you. You also can go to: www.oregonlawhelp.org.

WHAT ARE THE REQUIREMENTS FOR GETTING A SEXUAL ABUSE PROTECTIVE ORDER?

1. Relationship

If you are an Adult (18 or older):

You and Respondent cannot be "family or household members" as defined by ORS 107.705. This means that the person who abused you is NOT:

- your husband, wife, or Registered Domestic Partner,
- your former husband, wife, or Registered Domestic Partner,
- an adult with whom you are living (or did live) in a sexual relationship,
- an adult with whom you have been in a sexual relationship in the last two years,
- an adult related to you by blood, marriage, or adoption, or
- the parent of your child.

(If you and Respondent are "family or household members," you may be able to apply for a Family Abuse Prevention Act (FAPA) Restraining Order. For more information ask the court clerk or visit:

<http://www.courts.oregon.gov/programs/family/domestic-violence/Pages/restraining.aspx>)

If you are a Minor (under 18) :

You may ask for a SAPO as long as the Respondent is 18 or older.

If you are under the age of 12, a parent or guardian must file for you. A *guardian ad litem** can also be appointed. You may file for a Sexual Abuse Protective Order on your own if you are at least 12 years of age.

If you are filing for a protective order on behalf of a minor, fill out the form as if you were the minor.

* A *guardian ad litem* is a person appointed by the court to make decisions only about the court case.

IT IS IMPORTANT FOR YOU TO UNDERSTAND

Judges are required by law to report abuse of minors. If you are a minor (under age 18) and file a request with the court for a SAPO, the judge is likely to make a report to the Department of Human Services, unless one has already been made.

Staff in law enforcement and **district attorneys'** offices are also required to report abuse of minors to the Department of Human Services. If you are a minor and you seek help completing this paperwork from an advocate program in those offices, they are likely to make a report, unless one has already been made.

2. Other Orders To be eligible for a Sexual Abuse Protective Order, Respondent must NOT already be prohibited from contacting you by:
 - 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.

3. Sexual Abuse The person who sexually abused or assaulted you must have:
 - made you have sexual contact without your consent; or
 - made you have sexual contact when you were not capable of consenting.

4. Ongoing Fear You are in reasonable fear for your physical safety.

There is no time frame in which the abuse must have occurred in order to apply for a SAPO. You are not required to have called the police in order to get a SAPO. The judge will not consider whether you reported the abuse to law enforcement when deciding to give you the SAPO.

WHERE DO I FILE FOR A SEXUAL ABUSE PROTECTIVE ORDER AND HOW MUCH DOES IT COST?

You must file for a SAPO in the courthouse in the county where either you or the Respondent lives. Getting a SAPO is free.

HOW DO I FILL OUT THE PAPERS TO GET A SEXUAL ABUSE PROTECTIVE ORDER?

Use a blue or black ballpoint pen and write clearly. Answer each question carefully and tell the truth. Do not write in the part of the papers that say “Judge’s Initials.” If available, a court facilitator or advocate may be able to help you with the forms. They cannot answer legal questions or give you legal advice.

WHAT HAPPENS AFTER I FILL OUT THE PAPERS?

A time will be set for the judge to look over your papers. The judge may ask you some questions. If the judge gives you the SAPO, court staff will make copies for you. You should keep a copy of your Order with you at all times.

You will need to have one of the copies hand-delivered to the Respondent. A sheriff’s deputy can do that (free in Oregon). A private process server or any adult can also serve the papers, as long as the server lives in the state where the papers are served. You cannot serve the papers yourself. Talk to the court clerk about ways to get the Respondent served. The server is required to complete and file with the court a certificate of service. If the server is unable to serve the papers, you can request the court to allow you to use an alternative method of service. The packet includes a form for service, but some servers use their own forms. The Respondent cannot be punished for violating (not following) the SAPO until after service.

WILL A HEARING BE SCHEDULED?

The Respondent has 30 days from the date of service to ask for a hearing contesting (disagreeing with) the SAPO. If the Petitioner is an adult and the Respondent does not ask for a hearing, the SAPO will stay in effect for five years from the date it was issued, unless the court issued a permanent order.

If a Petitioner is a minor, and the Respondent does not ask for a hearing, either:

- The Order will remain in effect permanently, if the court issued a permanent order; or
- The Order **will stay in effect until the Petitioner’s 19th birthday** or five years from the date it was issued, whichever is later.

If the Respondent does ask for a hearing, the court will schedule it within 21 days of the request. The court will send you notice of the time and date of the hearing in the mail. If there is not enough time to mail you a notice, the court may contact you by telephone. Be sure the court always has your current contact addresses and contact phone numbers so you get notice of any hearing. Use safe contact addresses and contact phone numbers. You also can call the court to ask if a hearing has been set.

You must go to the hearing or the Order will probably be terminated (dropped). If you cannot go to the hearing due to an emergency, call the court clerk right away. It may be helpful to have an attorney represent you at the hearing, but it is not required. If you did not have enough notice of the hearing, you may ask the judge to extend the date of the hearing for up to five days so that you may get a lawyer.

You may ask the judge in writing, ahead of time, to appear by telephone or other method, such as video-conferencing. It is up to the judge to decide whether to allow this.

WHAT HAPPENS AT THE HEARING REQUESTED BY THE RESPONDENT?

The purpose of the hearing is to decide whether or not the SAPO will remain in effect, and if it does remain in effect, if the Order will stay the same or change in some way. The judge may decide not to change the Order even if both sides agree that they want the same changes.

At the hearing, you must prove that you have been sexually abused and that you reasonably fear for your physical safety. You should be ready to give your own testimony, have witnesses testify if there are any, and give the judge any evidence you have (such as photos of your injuries or text messages from Respondent). If you are worried about your safety, you may ask the court for a sheriff's deputy to be present in the courtroom.

HOW LONG DOES A SEXUAL ABUSE PROTECTIVE ORDER LAST?

The length of time a SAPO is in effect depends on the facts of your case. A SAPO lasts for five years unless one of the following applies:

- If you are under 18 years of age at the time the Order is entered, then the order lasts for five years or until you turn 19, whichever occurs later, or
- The court enters a permanent Sexual Abuse Protective Order, or
- The Order is renewed, modified, or terminated.

The Order can be renewed for five years at a time if the judge finds it is objectively reasonable for a person in your situation to fear for their physical safety if the Order is not renewed. To renew the Order, you must file the court paperwork before the Order ends.

WHAT CAN I DO IF THE RESPONDENT VIOLATES (DOES NOT OBEY) THE SEXUAL ABUSE PROTECTIVE ORDER?

You can call the police. The officer must arrest the Respondent if there is probable cause (a good reason) to believe a violation has happened. The Respondent can be charged with contempt of court. If the court finds the Respondent to be in contempt, the Respondent can be fined, placed on probation, or put in jail. It is best that you carry a copy of the SAPO with you at all times and that you not contact the Respondent. A SAPO does not guarantee your safety. You can take other steps to stay safe. A Victims' Assistance Program (VAP) or a community-based (non-profit) sexual assault or domestic violence program can help.

For information regarding sexual violence resources, please visit the following website:
<http://oregonsatf.org/help-for-survivors/>.

WHAT IF I WANT TO DROP THE PROTECTIVE ORDER?

You must file papers at the courthouse to ask the judge to drop (terminate) the Order. The Order remains in effect until the judge terminates (ends) it. It may take a few days for law enforcement to get notice of the termination.

DO I NEED A LAWYER?

You are not required to have a lawyer to get a SAPO. You can have a lawyer represent or help you if you wish. However, the law does not allow the court to appoint a lawyer for you.

If the Respondent asks for a hearing to modify or terminate the Order and is represented by a lawyer, you can ask the judge to extend the date of the hearing for up to five days so that you may get a lawyer.

If you need help finding a lawyer, call the Oregon State Bar's Lawyer Referral Service at 503.684.3763 or 800.452.7636. If you believe you cannot afford a lawyer, ask court staff if your area has a legal services (legal aid) program that might help you. You also can go to: www.oregonlawhelp.org.

WHAT IF I NEED AN ACCOMMODATION OR AN INTERPRETER?

If you have a disability and need an accommodation, or you need a foreign language interpreter, you must tell the court as soon as possible, but at least four days before your hearing. Tell the clerk that you have a disability and what type of assistance you need or prefer, or which language you speak.

IMPORTANT NOTE

INFORMATION THAT MUST BE KEPT CONFIDENTIAL

You must keep certain **information (“confidential personal information”)** out of any papers you file or submit to the court and, instead, provide that information in a Confidential Information Form (CIF). “Confidential **Personal Information**” includes Social Security number; date of birth; former legal names; driver license numbers; and **employer’s name, address, and telephone number**. It also applies to information regarding a **party or a party’s child**. On the pleading or document where that confidential personal information would otherwise appear, you must note that the information has been separately provided under UTCR 2.130. (UTCR refers to the Uniform Trial Court Rules that apply across the state). The CIF is included as part of the forms packet for the SAPO.

Relevant Rules and Forms

UTCR 2.130 – Confidential Personal Information in Family Law and Certain Protective Order Proceedings
Confidential Information Form for Protected Person (Petitioner) for Sexual Abuse Protective Order Cases
Confidential Information Form for Person Restrained (Respondent) for Sexual Abuse Protective Order Cases
Notice of Filing of Confidential Information Form for Sexual Abuse Protective Order Cases

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

Petitioner	Case No: _____
(Parent/Guardian of Minor Petitioner) (use full names)	PETITION FOR SEXUAL ABUSE PROTECTIVE ORDER
v.	ORS 163.760 to 163.777
Respondent (full name of person 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 safe 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.*

I am the Petitioner and I state that the following information is true (if parent or guardian of minor petitioner, use the minor's information):

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. ELIGIBILITY FOR ORDER (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 **and RESPONDENT AND I ARE NOT FAMILY OR HOUSEHOLD MEMBERS.** This means:

- we are **not** husband, wife, or Registered Domestic Partners (current or former);
- 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.

1B. **I AM A MINOR OR I AM FILLING THIS OUT ON BEHALF OF A MINOR (UNDER THE AGE OF 18).** Respondent is 18 years old or older. Respondent is _____ years old.

2. 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.

3. SEXUAL ABUSE,

- 3A. Respondent has subjected me to sexual abuse including (*check all that apply*):
- Sexual contact without my consent
 - Sexual contact when I was not capable of consenting, **and**
- 3B. I reasonably fear for my physical safety.

4. DESCRIBE HOW THE RESPONDENT SEXUALLY ABUSED YOU (START WITH THE MOST RECENT ABUSE):

Date: _____, County/State: _____: _____

Date: _____, County/State: _____: _____

Date: _____, County/State: _____: _____

Additional pages attached labeled “*Paragraph 4: Description of Sexual Abuse*”

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

6. IN ANY OF THE ABOVE INCIDENTS:

6A. Were weapons involved? Yes No Describe: _____

6B. Were the police called? Yes No

6C. Was the Respondent arrested? Yes No

7. FIREARMS PROHIBITION AND DISPOSSESSION

- Petitioner is a minor, and
- Petitioner and Respondent have a QUALIFYING RELATIONSHIP:
 - current or former spouses/Registered Domestic Partners *or* cohabitants
 - currently or formerly in a sexually intimate relationship
 - co-Parents
 - otherwise related by blood or marriage
- I ask the court to order that Respondent be prohibited from possession of firearms and ammunition and to surrender all firearms and ammunition currently in their possession.

8. BASIS FOR A PERMANENT ORDER:

The Order will be in effect for five years or until I turn 19, whichever is later unless the court makes the Order permanent.

- I am requesting the Order be permanent, because (check all that apply):
 - Respondent has been convicted of a sex crime against me;
 - For the reasons explained below, I fear for my physical safety and the passage of time or a change in circumstances will not lessen my fear.

These reasons could include: Respondent has a history of engaging in sexual abuse or domestic violence; Respondent is related to me by blood or marriage and I am under 18; any vulnerabilities that are not likely to change over time; or any other information the court should consider.

Additional pages attached labeled “*Paragraph 8: Basis for a Permanent Order*”

I ASK THE COURT TO ORDER MY REQUESTS AS MARKED ON THE PROTECTIVE ORDER.

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Submitted by:

_____ Date _____ Signature of Petitioner, Parent or Guardian of Minor Petitioner

_____ Print Name, Petitioner, Parent, or Guardian of Minor Attorney for Petitioner OSB No. (*if applicable*)

_____ Contact Address _____ City, State, Zip _____ Contact Telephone Number
Use **Safe** Contact Address Use **Safe** Contact Number

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

Petitioner

Case No: _____

(Parent/Guardian of Minor Petitioner)
(use full names)

**PROTECTIVE ORDER TO
PREVENT SEXUAL ABUSE**

v.

Respondent
(full name of person restrained)

NOTICE TO RESPONDENT:

- You must obey all of parts of this Sexual Abuse Protective Order, even if Petitioner contacts you or gives you permission to contact them.
- Violation of this Sexual Abuse Protective Order may result in your arrest and in civil and/or criminal penalties. This Order is enforceable in every county in Oregon, all 50 states, the District of Columbia, and all tribal lands and territories of the United States. Review this Order carefully.
- **See the attached “NOTICE TO RESPONDENT/REQUEST FOR HEARING” for more information about your rights to a hearing.**

The Court, having reviewed the Petition and heard testimony, makes the following findings:

Judge’s Initials

1. Petitioner is an adult and Respondent is at least 18 years of age.

1. _____

Petitioner and Respondent are **not** family or household members under ORS 107.705.

- They are **not** husband, wife, or Registered Domestic Partners (*current or former*);
- They are **not** adults related by blood, marriage, or adoption;
- They have **never** cohabited (lived together in a sexually intimate relationship);
- They have **not** been involved in a sexually intimate relationship in the last two years; and
- They are **not** the unmarried parents of a child.

2. Petitioner is a minor and Respondent is at least 18 years of age.

2. _____

Judge's Initials

- 3. Respondent has subjected Petitioner to sexual abuse as defined by ORS 163.760. It is objectively reasonable for a person in Petitioner's situation to fear for their physical safety if an order is not entered. 3. _____
- 4. Respondent is not prohibited from contacting Petitioner by a foreign restraining order as defined in ORS 24.190, an order issued under ORS 30.866, 124.015, 124.020, 163.738, or 419B.845, or an order entered in a criminal action. 4. _____

IT IS HEREBY ORDERED THAT:

Petitioner's Request (check all that apply):

- 1. Respondent is restrained (prohibited) from contacting Petitioner and from intimidating, molesting, interfering with or menacing **Petitioner**, or attempting to contact, intimidate, molest, interfere with or menace Petitioner. 1. _____
- 2. Respondent is restrained (prohibited) from contacting Petitioner's **children** or **family** or **household members**. 2. _____
- 3. Respondent is restrained (prohibited) from intimidating, molesting, interfering with or menacing any **children** or **family** or **household members** of Petitioner, or attempting to intimidate, molest, interfere with or menace any **children** or **family** or **household members** of Petitioner. 3. _____
- 4. Respondent is restrained from **entering or attempting to enter, or remaining in, the area within 150 feet unless otherwise specified here: Other Distance: _____ feet of the building and land** at the following locations: *(include names/addresses unless withheld for safety reasons)* 4. _____
 - a. Petitioner's current or future **residence:** _____
 - b. Petitioner's current or future **business or place of employment:** _____
 - c. Petitioner's current or future **school:** _____
 - d. **Other locations:** _____
- 5. Respondent must not knowingly be or stay within 150 feet unless otherwise specified here: Other Distance: _____ feet of Petitioner unless otherwise ordered by the Court as follows: 5. _____

Nothing in this Order prevents Respondent from appearing at or participating in a court (or administrative) hearing or other related legal process as a party or witness in a case involving Petitioner. At these times, Respondent must stay at least _____ feet away from Petitioner and follow any additional protective terms ordered in that case. Further, nothing in this Order prevents Respondent from serving or providing documents related to a court (or administrative) case to Petitioner in a manner permitted by law. However, Respondent may not personally deliver legal documents to Petitioner.

Judge's Initials

6. Except as otherwise set out in this Order, Respondent is restrained (prohibited) from:
- a. Contacting, or attempting to contact, Petitioner **in person** directly or through third parties.
 - b. Contacting, or attempting to contact, Petitioner **by mail, or e-mail, any other electronic transmission, or delivery service.**
 - c. Contacting, or attempting to contact, Petitioner by **telephone**, including **cell phone** or **text messaging** directly or through third parties.

6. _____

7. (FOR COURT USE ONLY) FIREARMS PROHIBITION AND DISPOSSESSION

Judge's Initials

- Petitioner is a Minor
- Petitioner and Respondent have a QUALIFYING RELATIONSHIP
(current or former spouses/Registered Domestic Partners, related by blood or marriage, current/former cohabitants, current/former sexually intimate relationship, unmarried parents of a minor child)
- Respondent presents a CREDIBLE THREAT to Petitioner's physical safety
- The court orders that Respondent is PROHIBITED from possessing firearms or ammunition *(Event: FQOR)*
- Respondent is ordered to SURRENDER all firearms and ammunition in their possession according to the attached *Firearms Surrender Terms*

Other orders regarding firearms (for court use only): _____

8. Other relief necessary for safety and welfare: _____ 8. _____

FIREARMS NOTIFICATION

If the firearms prohibition in Paragraph 7 is initialed by the judge, it is not lawful for Respondent to possess or purchase a FIREARM, including a rifle, pistol, or revolver, and AMMUNITION. (ORS 163.765(1)(b)(E)). Talk to a lawyer if you have questions about this.

IT IS FURTHER ORDERED that the SECURITY AMOUNT for violation of any provision of this Order is **\$5,000** unless otherwise specified here: Other Amount: \$_____

Unless the Order is terminated, modified, or renewed, the above provisions of this Sexual Abuse Protective Order are:

- **in effect for a period of five years from the date of judge's signature;**
- **in effect until Petitioner reaches age 19; or**
- **permanent.**

**CERTIFICATE OF COMPLIANCE WITH
VIOLENCE AGAINST WOMEN ACT (This is not a Brady Certificate)**

FULL FAITH AND CREDIT PROVISIONS: This Sexual Abuse Protective Order meets all full faith and credit requirements of the Violence Against Women Act. (18 USC § 2265). This court has jurisdiction over the parties and the subject matter. The Respondent is being afforded notice and timely opportunity to be heard as provided by the law of this jurisdiction. This Order is valid and entitled to enforcement in this and all other jurisdictions.

IT IS HEREBY ORDERED that:

- The Petition for Sexual Abuse Protective Order is **GRANTED** as set forth above.
 - The order lasts for five years
 - The order lasts until the minor petitioner turns 19 (because the petitioner is a minor under the age of 14): _____
 - The order** is permanent

- The Petition for Sexual Abuse Protective Order is **DENIED** and **DISMISSED** because:
 - Petitioner did not establish a claim for relief.
 - Other: _____

- The Petition for Sexual Abuse Protective Order is **DISMISSED** because Petitioner did not appear at the time set for the *ex parte* hearing on their petition.

Judge Signature:

The proposed order is ready for judicial signature under UTCR 5.100 because service of this order is not required by statute, rule, or otherwise.

Submitted by:

Date Signature of Petitioner, Parent or Guardian of Minor Petitioner

Print Name, Petitioner, Parent or Guardian of Minor Petitioner Attorney for Petitioner
 OSB No. (*if applicable*)

Contact Address City, State, Zip Contact Telephone Number
Use **Safe** Contact Address Use **Safe** Contact Number

SERVICE INFORMATION

PETITIONER: _____
Name

Residence/Contact Address (Use a **safe** address):

Number, Street and Apt. Number (*if applicable*)

City County State Zip

Telephone/Contact Telephone Number _____ (Use **safe** contact number)

Birth Date _____ (see CIF) Age _____ Gender _____ Race/Ethnicity _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

*****Respondent will receive a copy of this information.** If you wish to have your residential address or telephone number withheld from Respondent, use a contact address in the state where you reside or a contact telephone number so the Court and the Sheriff can reach you if necessary. Please check for mail at this address frequently.

You will need to fill out a Notice of Filing of Confidential Information Form and a Confidential Information Form if you do not want to include certain information (“confidential personal information”) on this form. Information that can be protected includes birth dates. Where that information would otherwise appear on this form, you must note that the information has been separately provided under UTCR 2.130. You can ask the court clerk how to get the forms you need.

RESPONDENT: _____
Name

Residence Address _____

Telephone Number _____

Birth Date _____ (see CIF) Age _____ Gender _____ Race/Ethnicity _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

**PLEASE FILL OUT THIS INFORMATION
TO AID IN SERVICE OF THE SEXUAL ABUSE PROTECTIVE ORDER**

Where is the Other Party most likely to be located?

Residence Hours _____ Address _____

Employment Hours _____ Address _____ (see CIF)

Other Hours _____ Address _____

Description of Vehicle _____

Is there anything about the other party’s character, past behavior, or the present situation that indicates that they may be a **danger** to others? to themselves? EXPLAIN: _____

Does the other party have any **weapons, or access to weapons**? EXPLAIN: _____

Has the other party ever been arrested for or convicted of a **violent crime**? EXPLAIN: _____

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

Petitioner

(Parent/Guardian of Minor Petitioner)
(use full names)

Case No: _____

CERTIFICATE OF SERVICE
(Sexual Abuse Protective Order)

v.

Respondent
(full name of person restrained)

I, (name) _____, declare that I am a resident of the State of _____.

I am a competent person 18 years of age or older. I am not a party to or lawyer in this case, and not the employee of a party.

I certify that on (date) _____ at (time) _____ (am/pm), I served the Respondent named above by delivering the following documents in person to (address or location of service):_

I served true copies of the original (check all that apply):

- Protective Order to Prevent Sexual Abuse **or** Order Renewing Protective Order
- Petition for Order to Prevent Sexual Abuse **or** Petition to Renew Protective Order
- Notice to Respondent/Request for Hearing
- Instructions for Contesting a Sexual Abuse Protective Order (SAPO)
- Notice of Confidential Information Form (CIF) Filing
- Other (name all forms or documents served): _____

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 I am subject to penalty for perjury.

Date

Signature of Server

Print Name

If person serving is NOT a sheriff or sheriff's deputy, address and phone number of server:

CONTESTING A SEXUAL ABUSE PROTECTIVE ORDER (SAPO)

INSTRUCTIONS

Procedures vary from court to court. Check with your local court for filing instructions.

WHAT IF I DISAGREE WITH SOME OR ALL OF THE PROTECTIVE ORDER?

The judge granted the Sexual Abuse Protective Order (SAPO) based on input from the Petitioner. If you disagree with information given to the judge, or you disagree with all or part of the Order, you have a right to appear in court and give the judge your input.

HOW DO I OBJECT TO THE PROTECTIVE ORDER?

If you want a judge to consider whether the SAPO should remain in effect, or change some of the things in the Order, you must fill out the form called "Request for Hearing." The "Request for Hearing" form is part of the court papers that says "Notice to Respondent/Request for Hearing" on the top, right hand side of the page. You should have received a copy of this form when you were served with the SAPO. If you did not receive one, you may download the Request for Hearing form from the state website, <http://www.courts.oregon.gov/programs/family/domestic-violence/Pages/sexual-abuse.aspx> or contact the court that issued the Order.

You have 30 days after you are served with the SAPO to ask the judge to dismiss or change the order, by filing a "Request for Hearing." **The Request for Hearing must be filed with the court within 30 days from the date you were served.**

If it has been more than 30 days since the date you were served, you can only ask that the court modify the terms of the SAPO. You cannot ask for the court to dismiss the SAPO. Either party may ask for this type of hearing to modify. You may ask for such a hearing by asking the clerk at the courthouse for the forms needed to "modify" a SAPO. The judge may schedule a hearing to decide whether or not to change the Order. The judge may decide not to change the Order even if both sides agree that they want the same changes.

WHAT HAPPENS IF I DO NOT OBJECT?

If you do not ask for a contested hearing within the first 30 days after you receive the court papers, the Order will continue as ordered by the judge, but for at least 5 years from the date the judge signed it. If the Order is not permanent, it can also be renewed for at least five years at a time.

WHEN WILL THE CONTESTED HEARING BE HELD?

The court must hold the hearing within 21 days of your request. If the hearing is scheduled more than a few days away, the court will send you notice of the time and date of the hearing in the mail. If there is not enough time to mail you a notice, the court may contact you by telephone. **Be sure the court always has your current contact addresses and contact phone numbers so you get notice of any hearing.** You can also call the court to ask if a hearing has been set.

If you do not go to the hearing, you will lose your chance to ask the judge to dismiss or change the SAPO. If you cannot go to the hearing due to an emergency, call the court clerk right away. It may be helpful to have an attorney represent you at the hearing, but it is not required.

You may ask in writing, ahead of time, to appear by telephone or other two-way electronic communication device, such as video-conferencing.

WHAT WILL HAPPEN AT THE HEARING I REQUEST?

The purpose of the hearing is to decide whether or not the SAPO will remain in effect, and if it does remain in effect, if the Order will stay the same or change in some way.

FIREARMS PROHIBITIONS MAY APPLY TO YOU.

If the firearms prohibition in Paragraph 7 of the Order is initiated by the judge:

- it is immediately unlawful for you to possess or purchase a firearm, including a rifle, pistol, or revolver, and ammunition under ORS 163.765(1)(b)(E).
- you could be subject to criminal penalties or contempt of court for violation of the firearms prohibition as soon as you are served with the Order.

Criminal Penalties for Firearms Possession ([ORS 166.255\(1\)\(a\)](#))

You could be subject to criminal penalties for possessing firearms or ammunition effective the earlier of:

(1) 30 days after you were served with the Order

Or, if you request a hearing:

(2) the date of the hearing if the Order is not dismissed *or*

(3) the date of the hearing if you fail to appear at the hearing *or*

(4) the date you withdraw your request for a hearing

You may also be prohibited from:

- Serving in the Armed Forces of the United States or being employed in law enforcement. If you have any questions about how these laws apply to you, talk to a lawyer.
- Traveling across state lines or tribal land lines with the intent to violate this Order and then violating this order.
- Causing Petitioner to cross state lines or tribal land lines for the purpose of violating the order.

DO I NEED A LAWYER?

If you have questions about how the law works or what it means, you may need to talk to a lawyer. You are not required to have a lawyer to contest the SAPO, but you can have a lawyer represent or help you if you wish. The law does not authorize the court to appoint a lawyer for you in this case. If you need help finding a lawyer, you may call the Oregon State Bar's Lawyer Referral Service at 503.684.3763 or 800.452.7636. If you believe you cannot afford a lawyer, ask court staff if your area has a legal services (legal aid) program that might help you. You also can go to: www.oregonlawhelp.org.

WHAT IF I NEED AN ACCOMMODATION OR AN INTERPRETER?

If you have a disability and need an accommodation, or you need a foreign language interpreter, you must tell the court as soon as possible, but at least four days before your hearing. Tell the clerk that you have a disability and what type of assistance you need or prefer, or which language you speak.

IMPORTANT NOTE

INFORMATION THAT MUST BE KEPT CONFIDENTIAL

You must keep certain information (“confidential personal information”) out of any papers you file or submit to the court and, instead, provide that information in a Confidential Information Form (CIF). “Confidential Personal Information” includes Social Security number; date of birth; former legal names; driver license numbers; and employer’s name, address, and telephone number. It also applies to information regarding a party or a party’s child. On the pleading or document where that confidential personal information would otherwise appear, you must note that the information has been separately provided under UTCR 2.130. (UTCR refers to the Uniform Trial Court Rules that apply across the state). The CIF is included as part of the forms packet for the Sexual Abuse Protective Order.

Relevant Rules and Forms

UTCR 2.130 – Confidential Personal Information in Family Law and Certain Protective Order Proceedings
Confidential Information Form for Protected Person (Petitioner) for Sexual Abuse Protective Order Cases
Confidential Information Form for Person Restrained (Respondent) for Sexual Abuse Protective Order Cases
Notice of Filing of Confidential Information Form for Sexual Abuse Protective Order Cases

FIREARMS PROHIBITIONS MAY APPLY TO YOU

If the firearms prohibition in Paragraph 7 of the Order is initiated by the judge:

- it is immediately unlawful for you to possess or purchase a firearm, including a rifle, pistol, or revolver, and ammunition under ORS 163.765(1)(b)(E).
- you could be subject to criminal penalties or contempt of court for violation of the firearms prohibition as soon as you are served with the Order.

Criminal Penalties for Firearms Possession (ORS 166.255(1)(a))

You could be subject to criminal penalties for possessing firearms or ammunition effective the earlier of:

- (1) 30 days after you were served with the Order

Or, if you request a hearing:

- (2) the date of the hearing if the *Order* is not dismissed *or*
- (3) the date of the hearing if you fail to appear at the hearing *or*
- (4) the date you withdraw your request for a hearing

FIREARMS NOTIFICATION: As a result of this Order, or any Order continuing or changing this Order, it may be unlawful for you to possess or purchase a firearm, including, a rifle, pistol, or revolver, or ammunition under federal, state, and local laws. 18 USC § 922(g)(8); ORS 166.250 to 166.270; and local law. This Order also may negatively affect your ability to serve in the Armed Forces of the United States or to be employed in law enforcement. If you have any questions about whether these laws make it illegal for you to possess or purchase a firearm, talk to a lawyer. (*42 USC §3796gg(4)(e) requires this notice*).

You may also be prohibited from:

- Serving in the Armed Forces of the United States or being employed in law enforcement. If you have any questions about how these laws apply to you, talk to a lawyer.
- Traveling across state lines or tribal land lines with the intent to violate this Order and then violating this order.
- Causing Petitioner to cross state lines or tribal land lines for the purpose of violating the order.

OTHER LAWS MAY ALSO APPLY TO YOU

Whether or not a *Sexual Abuse Protective Order* is in effect, federal law may prohibit you from:

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

IF YOU COMPLETE THE REQUEST FOR HEARING FORM, YOU MUST MAIL OR DELIVER IT TO (*address of court*): _____

REQUEST FOR HEARING
(To Be Completed By Respondent Only)

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

Petitioner

Case No:

(Parent/Guardian of Minor Petitioner)
(use full names)

REQUEST FOR HEARING

(Sexual Abuse Protective Order)

v.

Respondent
(full name of person restrained)

I am the Respondent in the above-referenced action, and I request the following:

1. I am requesting a hearing to contest (object to):

All of the order, **or**

Other: _____

2. I will will not be represented by an attorney at the hearing. The name and Bar Number of the attorney (if known) are: _____

3. I will will not need the following accommodations:

I will need _____ language interpretation services at the hearing

I will need Americans with Disabilities Act accommodations at the hearing

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

Submitted by:

Date

Signature

Print Name, Respondent Attorney for Respondent OSB No. (*if applicable*)

Contact Address	City, State, Zip	Contact Telephone Number
Use a Safe Contact address		Use a Safe Contact number

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

Petitioner

Case No:

(Parent/Guardian of Minor Petitioner)
(use full names)

ORDER AFTER HEARING

v.

(Sexual Abuse Protective Order)

Respondent

(full name of person restrained)

Hearing Date:

Hearing Type:

21 Day Hearing After Notice

Modification Renewal

Parties appearing:

Petitioner

Petitioner's lawyer:

Respondent

Respondent's lawyer:

Appearing by telephone or video: Petitioner Respondent

FINDINGS: _____

ORDERS:

THE SEXUAL ABUSE PROTECTIVE ORDER GRANTED TO PETITIONER ON (date)
_____ **IS:**

TERMINATED in its entirety, **AND THE PETITION IS DISMISSED**

___ After hearing (LEDS Staff XPO)

___ At Petitioner's request (LEDS Staff CPO)

___ Petitioner did not appear for the hearing (LEDS Staff XPO)

CONTINUED in its entirety

RENEWED in its entirety. The renewed Sexual Abuse Protective Order expires on:
(date) _____

CONTINUED/RENEWED but MODIFIED/AMENDED as follows:

Permanent

IMPORTANT: Except as modified or amended, all portions of the Sexual Abuse Protective Order remain in effect.

SECURITY AMOUNT for VIOLATION OF THIS ORDER IS \$5,000 unless a different amount is specified here: OTHER SECURITY AMOUNT: \$_____

THIS ORDER CONTAINS A FIREARMS PROHIBITION: This Order (or the original Order that is continued) contains a firearms and ammunitions prohibition. It is unlawful for Respondent to possess FIREARMS or AMMUNITION under **state law**. (ORS 163.765(1)(b)(E)).

<u>FIREARMS PROHIBITION AND DISPOSSESSION</u> (FOR COURT USE ONLY IF FIREARMS PROHIBITION WAS NOT PREVIOUSLY ORDERED)	<u>Judge's Initials</u>
<input type="checkbox"/> Petitioner is a Minor	_____
<input type="checkbox"/> Petitioner and Respondent have a QUALIFYING RELATIONSHIP <i>(current or former spouses/Registered Domestic Partners, related by blood or marriage, current/former cohabitants, current/former sexually intimate relationship, unmarried parents of a minor child)</i>	_____
<input type="checkbox"/> Respondent presents a CREDIBLE THREAT to Petitioner's physical safety	_____
<input type="checkbox"/> The court orders that Respondent is PROHIBITED from possessing firearms or ammunition <i>(Event: FQOR)</i>	_____
<input type="checkbox"/> Respondent is ordered to SURRENDER all firearms and ammunition in their possession according to the attached <i>Firearms Surrender Terms</i>	_____

CERTIFICATE OF COMPLIANCE

WITH THE VIOLENCE AGAINST WOMEN ACT

NOTICE TO RESPONDENT: If you have questions about whether federal or state laws make it illegal for you to possess or purchase a firearm, or whether this Order affects your ability to serve in the military or be employed in law enforcement, talk to a lawyer.

FULL FAITH AND CREDIT PROVISIONS: This Order meets all full faith and credit requirements of the Violence Against Women Act.(18 USC § 2265). This court has jurisdiction over the parties and the subject matter. Respondent was or is being afforded notice and timely opportunity to be heard as provided by Oregon law. This Order is valid and entitled to enforcement in this and all other jurisdictions.

Judge Signature:

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

Petitioner

(Parent/Guardian of Minor Petitioner)
(use full names)

Case No: _____

**PETITIONER'S MOTION AND
AFFIDAVIT FOR TERMINATION**

(Sexual Abuse Protective Order)

v.

Respondent
(full name of person restrained)

MOTION AND AFFIDAVIT

Petitioner, _____, being first duly sworn, moves this court for an order allowing the voluntary withdrawal and termination of the Sexual Abuse Protective Order on file herein for the following reasons:

STATEMENT OF POINTS AND AUTHORITIES

ORS 163.775 authorizes the court to terminate a Sexual Abuse Protective Order upon the request of the Petitioner.

Submitted by:

Date

Signature of Petitioner, Parent or Guardian
of Minor Petitioner

Print Name, Petitioner, Parent or Guardian of Minor Petitioner Attorney for Petitioner
 OSB No. (if applicable)

Contact Address City, State, Zip Contact Telephone Number
Use a **Safe** Contact address Use a **Safe** Contact number

STATE OF OREGON)
)
County of _____)

This instrument was acknowledged before me this _____ day of _____, 20 _____
by _____

(Print Name of Petitioner)

NOTARY PUBLIC FOR OREGON/COURT CLERK
My commission expires: _____

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

Petitioner

Case No: _____

(Parent/Guardian of Minor Petitioner)
(use full names)

TERMINATION ORDER

(Sexual Abuse Protective Order)

v.

Respondent
(full name of person restrained)

ORDER

Petitioner's Motion for Termination is:

Granted (LEDS Staff CPO)

Denied

Other: _____

Judge Signature:

This proposed order is ready for judicial signature under UTCR 5.100 because service of this order is not required by statute, rule, or otherwise.

Submitted by:

Date

Signature of Petitioner, Parent or Guardian of
Minor Petitioner

Print Name, Petitioner, Parent or Guardian of Minor Petitioner Attorney for Petitioner
 OSB No. (if applicable)

Contact Address
Use a **Safe** Contact address

City, State, Zip

Contact Telephone Number
Use a **Safe** Contact number

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

Petitioner

Case No: _____

(Parent/Guardian of Minor Petitioner)
(use full names)

NOTICE OF FILING OF
 CONFIDENTIAL
INFORMATION FORM
(CIF)
 AMENDED CIF

v.

(Sexual Abuse Protective Order)

Respondent
(full name of person restrained)

NOTICE: Confidential Information Form Has Been Filed

- Uniform Trial Court Rule (UTCRR) 2.130 requires that parties to domestic relations or other specified types of cases place certain information about themselves and other parties in a CIF when such information is required in a document filed with the court.
- The CIF is not available for public inspection except as authorized by law.
- Parties are allowed to see a CIF that contains information about them.
- A party who wants to see a CIF that contains information about another party must ask for permission from the court or the other party by following the procedures set out in UTCRR 2.130.

I am the (check one) Petitioner Respondent in the above-entitled action.

I filed Confidential Information Forms with the court about the following parties to this case
(complete a section for each party for whom you have filled out a CIF):

1) Name (Last, First, Middle): _____
 Petitioner Respondent

Confidential Personal Information contained in CIF (check all that apply):
 party's date of birth employer's name, address, telephone number

2) Name (Last, First, Middle): _____
 Petitioner Respondent

Confidential Personal Information contained in CIF (check all that apply):
 party's date of birth employer's name, address, telephone number

I hereby declare that the above statements are true to the best of my knowledge and belief and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Submitted by:

Date Signature of Petitioner, Parent or Guardian of Minor Petitioner
 Respondent Signature

Print Name, Petitioner, Parent or Guardian of Minor Petitioner Respondent
 Attorney for Petitioner Attorney for Respondent OSB No. (*if applicable*)

Contact Address	City, State, Zip	Contact Telephone Number
Use Safe Contact Address		Use Safe Contact Number

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

Petitioner

Case No: _____

(Parent/Guardian of Minor Petitioner)
(use full names)

**CONFIDENTIAL INFORMATION
FORM (CIF) FOR PROTECTED
PERSON (PETITIONER)**

v.

Respondent
(full name of person restrained)

(Sexual Abuse Protective Order)

Amended CIF

**This document is not accessible to the public or other parties.
Exceptions may apply. See UTCR 2.130.**

ATTENTION COURT STAFF: THIS IS A CONFIDENTIAL DOCUMENT.

The information below is about Petitioner.

Name (Last, First, Middle): _____

The names of the parties are NOT confidential.

Date of Birth of Petitioner: _____

I hereby declare that the above statements are true to the best of my knowledge and belief and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Submitted by:

Date

Signature of Petitioner, Parent or Guardian of Minor Petitioner
 Respondent Signature

Print Name, Petitioner, Parent or Guardian of Minor Petitioner Respondent
 Attorney for Petitioner Attorney for Respondent OSB No. (if applicable)

**CONFIDENTIAL INFORMATION FORM FOR PETITIONER IN SEXUAL ABUSE
PROTECTIVE ORDER-UTCR 2.130 - Page 1 of 2**
(SAPO 11/2019)

NOTE TO COURT STAFF: This Confidential Information Form is not available to the opposing party or their attorney, or to the public; except for the state and law enforcement. See UTCR 2.130.

NOTICE TO PETITIONER:

The Sheriff is required by law to provide you with a true copy of the proof of service which shows when the Protective Order has been served.

If you would like to also receive an email message and/or cell phone text message advising you of when the Protective Order has been served on the Respondent and another message 30 days before the Order expires, please provide the information requested below. This information will be given to the sheriff's office in the county where the Protective Order was obtained.

This is voluntary—you are not required to provide this information.

Your cell phone number: _____

Your cell phone carrier (AT&T, Verizon, etc.): _____

Your email address: _____

Note: If this information changes, you must notify the Sheriff's office of the new information in order to receive the notice by email or cell phone text message.

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

Petitioner

Case No: _____

(Parent/Guardian of Minor Petitioner)

(use full names)

**CONFIDENTIAL
INFORMATION
FORM (CIF) FOR PERSON
RESTRAINED (RESPONDENT)**

v.

Respondent

(full name of person restrained)

(Sexual Abuse Protective Order)

Amended CIF

**This document is not accessible to the public or other parties.
Exceptions may apply. See UTCR 2.130.**

ATTENTION COURT STAFF: THIS IS A CONFIDENTIAL DOCUMENT.

The information below is about Respondent.

Respondent's Name (Last, First, Middle): _____

The names of the parties are NOT confidential.

Respondent's Date of Birth:

Employer's Name, Address, and Telephone Number:

I hereby declare that the above statements are true to the best of my knowledge and belief and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Submitted by:

**CONFIDENTIAL INFORMATION FORM FOR RESPONDENT IN SEXUAL ABUSE
PROTECTIVE ORDER-UTCR 2.130 - Page 1 of 2**

(SAPO 11/2019)

Date

Signature of Petitioner, Parent or Guardian of Minor Petitioner
 Respondent Signature

Print Name, Petitioner, Parent or Guardian of Minor Petitioner Respondent
 Attorney for Petitioner Attorney for Respondent OSB No. (*if applicable*)

NOTE TO COURT STAFF: Unless ordered or authorized under UTCR 2.130, this Confidential Information Form is not available to the opposing party or their attorney, or to the public; except for the state and law enforcement.

**NOTICE TO PETITIONERS RECEIVING ELECTRONIC NOTICE
ABOUT SEXUAL ABUSE PROTECTIVE ORDERS**

USE THIS FORM IF:

- You have already provided your e-mail address or cell phone number to the sheriff's office in the county to receive electronic notice when your *Sexual Abuse Protective Order* has been served or is about to expire
AND
- Your e-mail address or cell phone number has changed.

DO NOT FILE THIS FORM WITH THE COURT

The information below must be provided to the Sheriff's Office where the *Sexual Abuse Protective Order* was obtained.

If your contact address or phone number has changed, you must separately inform the court where you obtained this Order.

A common time for use of this form is when you are RENEWING or MODIFYING your Protective Order. This form can be used ANYTIME your *Sexual Abuse Protective Order* is in effect and you have changed your e-mail address or cell phone number and still want to receive electronic notice from the Sheriff's Office about service or expiration.

This is voluntary—you are not required to provide this information. You are not required to participate in the electronic notice program.

**PETITIONER'S NOTICE TO SHERIFF'S OFFICE
OF CHANGE OF CONTACT INFORMATION**

Petitioner's Name: _____

Respondent's Name: _____

Court Case Number: _____

County Where Order Obtained: _____

Your Cell Phone Number: _____

Your Cell Phone Carrier (AT&T, Verizon, etc.): _____

Your E-mail Address: _____

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

Case No: _____

Petitioner/Plaintiff

v.

**RESPONDENT'S/DEFENDANT'S
DECLARATION OF
FIREARMS SURRENDER**

Respondent/Defendant

Declaration

I am the Respondent/Defendant in this case. I am subject to a court order to surrender firearms.

Check one:

I had no firearms in my possession at the time of the court's order. I do not currently possess any firearms.

All firearms and ammunition in my possession have been transferred to:

a law enforcement agency (*name*): _____

a gun dealer (*name*): _____

a third party who does not live with me (*name*): _____

A proof of transfer or receipt is attached (*required*)

I am asserting my constitutional right against self-incrimination. I decline to make any statement about firearms.

I HAVE FILED COPIES OF THIS *DECLARATION* (AND THE *DECLARATION* FROM THIRD PARTY RECIPIENTS, IF ANY) WITH THE DISTRICT ATTORNEY (*required*)

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Submitted by Respondent/Defendant

Date

Signature of Respondent/Defendant

Name (printed)

Address

City, State, ZIP

Phone

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

Case No: _____

Petitioner/Plaintiff

v.

**THIRD PARTY RECIPIENT'S
DECLARATION OF
FIREARMS RECEIPT**

Respondent/Defendant

NOTICE TO RECIPIENT

You are subject to criminal and/or civil penalties if:

- You allow Respondent/Defendant access to firearms or ammunition during the time they are prohibited from possession
- You are subject to any court order prohibiting you from possessing firearms or ammunition

Declaration

I, *(full name)* _____ received firearms and/or ammunition surrendered by Respondent/Defendant

By my initials here → _____ I swear to the court that all the following statements are true

- I am aware that Respondent/Defendant is subject to a court order to surrender all firearms and ammunition and prohibited from possessing firearms or ammunition
- I am not a law enforcement officer or gun dealer or not acting in my official capacity as a law enforcement officer or gun dealer
- I do not live with Respondent/Defendant
- I completed a Proof of Transfer listing the firearms and/or ammunition Respondent/Defendant surrendered to me
- I passed a background check by a law enforcement agency or gun dealer *(required)*

The OSP background check number is: _____

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Date

Signature of Recipient

Name (printed)

Address

City, State, ZIP

Phone