IN THE CIRCUIT COURT OF THE STATE OF OREGON COUNTY OF _____ Case No. See CIF Petitioner (your name) (date of birth) PETITIONER'S MOTION AND AFFIDAVIT FOR **DISMISSAL AND ORDER** v. (Family Abuse Prevention Act) See CIF Respondent (date of birth) (full name of person to be restrained) **MOTION AND AFFIDAVIT** being first duly sworn, moves this court for an order allowing Petitioner, the voluntary withdrawal and dismissal of the Restraining Order on file herein for the following reasons: STATEMENT OF POINTS AND AUTHORITIES ORS 107.720(2) authorizes the court to terminate a Family Abuse Prevention Act Restraining Order upon the request of the Petitioner. **Signature of Petitioner Print or type name of Petitioner** 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: _____

ORDER

☐ Motion Granted ☐ Motion Denie	d □ Other:	
IT IS SO ORDERED this c	lay of	, 20
		DOE (G'
	JU	DGE (Signature)
	Pr	nt, Type or Stamp Name of Judge
Certificate of Document Preparation document you are filing with the cou	*	uthfully complete this certificate regarding the omplete all blanks that apply:
☐ I selected this document for m ☐ I paid or will pay money to		rithout paid assistance. r assistance in preparing this form.
Submitted by:		
Print Name, □ Petitioner □ Attorney for Petitioner		□ OSB No. (if applicable)
Address or Contact Address Use a Safe Contact address	City, State, Zip	Telephone or Contact Telephone Number Use a Safe Contact number