

Request for Hearing; Immediate Danger Order Forms and Instructions

STEP 1

Fill out the Request for Hearing form completely. The case heading (names and case number) at the top of each form will be the same as it is on the petition that started your case.

STEP 2

Make **two** copies of the Request for Hearing (one to mail to the other party and one to keep for your records).

STEP 3

Mail a copy of the Request for Hearing to the other party using regular first-class mail.

STEP 4

Fill out the Certificate of Mailing form completely.

STEP 5

File the original Request for Hearing and Certificate of Mailing with the Cashiers on the second floor of the Courthouse.

STEP 6

Attend all court hearings and conferences. If you don't receive notice of a hearing, check with the court clerk or facilitator to find out the status of your request.

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

Case No: _____

Petitioner

and

Respondent

and

☐

Unmarried children 18, 19, or 20 years old (per ORS 107.108) (*full names*)

**REQUEST FOR HEARING
RE: ORDER OF IMMEDIATE
DANGER AND TEMPORARY
CUSTODY AND PARENTING TIME**

☐ pre-judgment

☐ post-judgment

I, (*name*) _____ request a hearing to oppose the
Order of Immediate Danger and Temporary Custody and Parenting Time issued in this case. I
understand that the *only* issue that the court will address is whether the children named were in
immediate danger when the *Order* was issued.

Date

☐ Petitioner ☐ Respondent (signature)

Print Name

Contact Address

City, State, Zip

Contact Phone

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

In the Matter of ☐ the Marriage of:

_____,

Petitioner,

and

_____,

Respondent.

)
)
)
)
)
)
)

No. _____

CERTIFICATE OF MAILING

I certify that on _____, 20 ____, I placed a true copy of the Request for Hearing
(date)

in the above case in the United States mail addressed to _____ at
(name of attorney representing other party, or other party)

_____, in a sealed envelope with first class
(address)
postage, fully prepaid.

.

DATED: _____, 20 ____.

☐ Petitioner ☐ Respondent, Signature

Print Name

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone