

# Filing For Dissolution (Divorce), Co-Petitioners, Cases with Children

## Instructions for Packet 9A

**Notice about these instructions and forms.**

*These instructions are not a complete statement of the law. They cover basic procedure for uncomplicated divorce cases. For legal information, please talk to a lawyer, visit your local law library and/or refer to the “Additional Resources” section on the last page of these instructions.*

*The instructions may refer to some forms not included in this packet. If you have a question about a form you cannot locate, you should consult your local court which may have the form available.*

*Each court has local rules, programs and procedures that may not be explained in these instructions. Please refer to the “Local Family Law Practices and Programs” form for your court, attached to these instructions. If it is not attached, consult your local court directly. **Information about how to contact your local court may be found at the Oregon Judicial Department website: <http://www.courts.oregon.gov>.***

This set of forms and instructions will allow you to file for and obtain a divorce where both parties are in agreement on all issues.

The instructions are broken down into two basic steps. The forms that go with each step are listed below.

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**When filling out the forms, follow these directions:**

- You and your spouse are the named “Co-Petitioner” on all court forms. Use full names (first, middle or middle initial, last) and print the names the same on all forms.
  - The clerk will give you a case number when you file your papers. Make sure to put this on all copies and originals.
  - Some forms must be notarized or signed in the presence of a court clerk. You will need your picture ID for this. Many banks provide notary services.
  - Many forms say on the bottom, “I certify that this is a true copy,” and provide a place to sign.
- Don’t sign this line on the original form or on your own copy. You need to sign this line only on copies that are given to your spouse or sent with the Certificate of Mailing described below.
- Make yourself and your spouse a copy of any document you are filing with the court. File the original with the court clerk.

- Keep the court informed of your current address so you get notice of all court dates. **You are not required to use your residential address on any court form.** You may use a contact address where you regularly check in. If you use a contact address, the court will assume that you will receive all notices sent to that address. **Note: If you fear for your safety, you may be able to obtain a non-disclosure order.** Consult with your local court for instructions as well as the appropriate forms.

## **STEP 1: STARTING YOUR DIVORCE**

### **Legal Issues to Consider.**

A divorce case starts with a “petition” which lists the items you are asking the court to order in the “judgment”. The judgment is the document that finalizes your divorce and contains your rights and responsibilities. Oregon law provides that a number of issues must be addressed in the judgment. Before you fill out the petition, you should think about how you want to handle these issues.

**Parenting Plan.** A parenting plan is required for cases involving a minor child. The plan sets out the schedule and rules for each parent’s time with the child. The parenting plan may include safety provisions for the child if domestic violence, substance abuse, child abuse or other circumstances are involved in your case.

A mediator can help parents create a parenting plan. Information about parenting plans may also be available through your court’s parent education program, the courthouse facilitator, or your local law library. **The Oregon Judicial Department and the State Family Law Advisory Committee have created a “Basic Parenting Plan Guide for Parents” with information about how to develop a plan, information about alternative schedules, and ages and stages of your child[ren] which should be considered in creating a plan. A sample parenting plan form is included in the Guide. The Guide may be downloaded from the OJD Family Law Website at <http://www.courts.oregon.gov/familylaw>. There is also a “Safety Focused Parenting Plan Guide” on this website to help you develop a parenting plan where there are safety concerns for your children.**

Oregon law (ORS 107.159) prevents either parent from moving more than 60 additional miles away from the other parent without giving him or her and the court notice of the move. You may ask the judge to waive this requirement by checking the last box in the parenting plan section of the petition.

For information about child custody, you may call Tel-Law (1-800-452-4776) tape 902, or visit [www.osbar.org](http://www.osbar.org).

**Child Support. IMPORTANT! Oregon law requires that the petitioning party submit a CERTIFICATE stating whether there are any pending child support proceedings or existing child support orders involving the parties’ child[ren]. To comply with this requirement, fill out and submit the form called “CERTIFICATE re: PENDING CHILD SUPPORT PROCEEDINGS and/or EXISTING CHILD SUPPORT ORDERS/JUDGMENTS” in this packet. You will be required to attach certified copies of any pre-existing child support orders (certified copies may be obtained from the clerk of the issuing court).**

In most cases, the court will order child support if the parties have a child and no child support order already exists. The amount of support, if ordered, will be determined by the [Child Support Guidelines](#). The Guidelines have worksheets to help you figure out who should pay support and how much it should be. Support is typically withheld from wages unless an exception is allowed for direct deposit to the other parent’s checking or savings account, or, if support enforcement services are being provided to either parent, as an “electronic payment withdrawal (EPW) or electronic funds transfer (EFT)” to a Department of Justice account. (EPW and EFT are procedures whereby funds are automatically withdrawn from a checking/savings account as authorized by the account holder.) Information about child support, including the Guidelines and Worksheets, is on the Internet at:

[http://www.dcs.state.or.us/oregon\\_admin\\_rules/guidelines.htm](http://www.dcs.state.or.us/oregon_admin_rules/guidelines.htm).

This website also has a Child Support Calculator which may help you to calculate the amount of child support which should be paid: <http://www.dcs.state.or.us/calculator>. Your local court facilitator, legal aid office or child support program **may** also be able to help you calculate the amount of support.

**Cash Medical Support.** In addition to cash child support, Oregon law may require the payment of cash medical support. If neither party has private health insurance for the child(ren) or if the health insurance is to be provided only by the parent that receives cash child support, the court is required to order cash medical support unless the court finds there are reasons not to order it. The purpose of cash medical support is to help defray the cost of health insurance and the cost of uninsured medical expenses. The judge cannot order you or the other party to pay cash medical support if you or the other party has a dependent child in the household who is eligible to receive public medical assistance or if you or the other party is eligible for public medical assistance yourselves. A party who makes no more than Oregon minimum wage cannot be ordered to pay cash medical support

Oregon law requires the court to make sure that payment for the child(ren)'s uninsured medical expenses are addressed in the judgment. Although you may request that each party share the out-of-pocket medical expenses that exceed \$250.00 per child per year, it may not be appropriate to request both the payment of cash medical support and the sharing of uninsured medical expenses. That is because one of the purposes of cash medical support is to help pay for the cost of uninsured medical expenses.

**Unmarried Children at Least 18 and Under 21 Years of Age.** Under Oregon law unmarried children who are at least 18 and under 21 years of age are necessary parties to all family law cases involving support. The Petition forms that deal with support will have a line to write in the child's name, including them in the heading. The Judgment forms will have a place indicating how the child has been involved in the case, and if applicable, a place to sign underneath Petitioner and Respondent signatures agreeing to the judgment. As a party to the case, these children must be legally served with all the required documents. After they are served, children **may** sign a Waiver of Further Appearance and Consent to Entry of Judgment form found in Packet 6J if the child does not choose to participate further in the case. Also note that on both the Petition form and the Judgment form you must select whether support stops at age 18 or whether it continues until age 21 if the child continues to attend school.

**Insurance.** Oregon law requires that the judgment address the issue of health insurance for any minor child involved in your case, and for payment of uninsured medical expenses. It also must provide for security for the payment of support, such as life insurance. In the health care coverage section, you must mark any of the options that apply to your family's situation. There are two major categories involved in determining health care coverage for the children: private, such as insurance available through employment, and public, such as the Oregon Health Plan.

If either you, your spouse/partner, or both of you have private health care coverage available for the children, you must fill out the "PRIVATE HEALTH CARE COVERAGE IS APPROPRIATE AND AVAILABLE" section. If *neither* you nor your spouse/partner have private insurance available for the children, you will fill out the section called: "NO PRIVATE INSURANCE IS APPROPRIATE OR AVAILABLE." Regardless of insurance availability, everyone must complete the section called: "RESPONSIBILITY FOR UNINSURED HEALTH EXPENSES." It may be appropriate to equally divide the expenses if no cash medical support is ordered or for the custodial parent to pay most or all of the uninsured expenses if cash medical support is being paid to that parent.

A party who makes no more than Oregon minimum wage for full-time employment cannot be ordered to pay for health care coverage. A party making no more than minimum wage, however, can be ordered to provide health care coverage if it is available at no cost.

**Spousal Support.** Oregon law provides for three different categories of spousal support: transitional, compensatory and spousal maintenance. Transitional support may be ordered for a spouse to get work related education and training. Compensatory spousal support may be ordered if one party has significantly contributed to the education, training, vocational skills, career or earning capacity of the other spouse. Spousal maintenance may be ordered for the support of one spouse. The judge will consider a number of factors when making the award, and may order more than one type of support. For more information on what the judge will consider, please refer to ORS 107.105 (to view, visit your local law library or [www.leg.state.or.us/ors](http://www.leg.state.or.us/ors)).

**Property and Debts. – Statutory Restraining Order.** Oregon law requires both Co-Petitioners to obey a restraining order preventing *either party* from dissipating (selling, destroying, removing, disposing of) real or personal property, making unilateral (without the agreement of the other party) changes to insurance policies, and making

extraordinary expenditures. Expenditures that are necessary for the safety or welfare of the children or the parties are not prohibited. **By filing your co-petition, you agree to be bound by the terms of this order.** The order is effective immediately upon filing of the co-petition. If either co-petitioner violates the order, s/he may be subject to sanctions. The “*Notice of Statutory Restraining Order Preventing the Dissipation of Assets in Domestic Relations Actions*” may be found in this Packet 9A.

For information about these issues, talk to a lawyer and/or go to the Oregon State Bar’s web site for “Legal Links” ([www.osbar.org](http://www.osbar.org)) and read under “Oregon’s Laws” the sections on “Bankruptcy and Credit,” “Real Estate,” and “Taxes.” If either spouse has a retirement plan, you should talk to an attorney before filling out the petition. The attorney can advise you if this packet will work for your situation. If the parties own real estate located in Oregon, a “lis pendens” notice (notice of pending suit) may be filed with the county clerk as provided in ORS 93.740 (to view, visit your local law library or [www.leg.state.or.us/ors/](http://www.leg.state.or.us/ors/)).

### **Initial Forms to File as Co-Petitioners.**

To get the divorce case started, fill out the following forms and file them with the clerk:

- *Co-Petitioners’ Acknowledgment about Dissolution (Divorce)*
- *Co-Petition for Dissolution of Marriage/RDP*
- *Certificate Re: Pending Child Support Proceedings and/or Existing Child Support Orders/ Judgments*
- *Confidential Information Form (CIF)*
- *Notice of CIF Filing*
- *Certificate of Mailing (for use if you or your spouse is receiving public assistance)*
- *Record of Dissolution of Marriage (Vital Statistics form; Available from your local court)*

### **Confidential Personal Information.**

Please read the Confidential Information Form (CIF) information sheet. Certain personal information required by your paperwork will be protected from public disclosure.

### **Make copies.**

Make one copy of all of the forms for your and your spouse’s records.

If either you or your spouse is receiving certain types of public assistance ( Temporary Assistance to Needy Families or the Oregon Health Plan), you are also required to send a copy of the petition to the Division of Child Support branch office in your county. The branch office address may be found at [http://dcs.state.or.us/office\\_info/offices.htm](http://dcs.state.or.us/office_info/offices.htm) or in the “Local Family Law Practices and Programs” form for your local court. Fill out and file the *Certificate of Mailing* with the court after you have mailed the petition.

### **Have your documents reviewed.**

You may have your documents reviewed by a lawyer or a courthouse facilitator (if your court has one) before you file. For information about how to find a lawyer, call the Oregon State Bar Lawyer Referral Service (1-800-452-7636). If you are low income, you may get your documents reviewed for a smaller fee through the Oregon State Bar’s Modest Means program, or you may call your local Legal Aid office (<http://www.oregonlawhelp.org>). Contact numbers are listed in the additional resources section at the end of these instructions, and in the “Local Family Law Practices and Procedures” for your court attached to these instructions.

### **File the forms.**

File all of the original forms that are listed above with the court clerk. The court clerk will ask you for a filing fee when you file your papers. Check with your local court to learn the amount of the filing fee. If you feel you can’t afford to pay the fee, you may ask the court to waive or defer your filing fee. Use Packet #10 of these forms, or check with your local court to see if they require a different form. This form needs to be filled out and filed with the court. If the fee is waived, you don’t have to pay the fee. If the fee is deferred, most courts will require that you pay the fee at a later date.

The clerk will give you a number of handouts when you file your papers. The handouts usually include a notice regarding continuation of health coverage, a copy of ORS 107.089 (documents parties may have to give each other), notice regarding mediation, family law guidelines and services, family law resource list, and possibly, information about local parent education classes. The clerk will give you two copies of each handout: one for you and one for your spouse. You aren't required to give the copy of ORS 107.089 on your spouse, but if you do, both spouses must follow what it says.

**Serving children who are necessary parties.** Because all unmarried children at least 18 and under 21 years of age are necessary parties to the case, they must also be served. These children will also need to be served with copies of the forms you have filed with the clerk.

### **Parenting Classes.**

Many courts require that parents of minor children go to a parent education class. If your court has this program, sign up for the class right away. Some courts will not allow you to finalize your divorce until you have completed the class and filed a certificate of completion with the court.

## **STEP 2: FINALIZING YOUR DIVORCE**

A divorce is “final” on the date the judgment of dissolution is signed by a judge.

### **Forms to Finalize Your Divorce.**

The following forms are required to finalize your divorce:

- *Stipulated Judgment of Dissolution (With Children)*
- *Co-Petitioners' Affidavit Supporting Stipulated Judgment of Dissolution (With Children)*
- *Co-Petitioner's Ex Parte Motion for Order Allowing Entry of Judgment on Affidavit in Lieu of Hearing; and Order*
- *Co-Petitioner's Affidavit in Support of Motion for Order Allowing Entry of Judgment on Affidavit in Lieu of Hearing*

You may also need to file the following additional forms, depending on your circumstances.

- **Parenting Class Certificate of Completion.** If your local court requires parents of minor children to attend a parent education class, a certificate of completion must be filed with the court unless this requirement has been waived by order of the court.
- **Child Support Worksheets.** If child support is ordered in the divorce case, child support worksheets need to be filled out and attached to the final judgment.
- **Parenting Plan.** Your parenting plan may be completely included in the final judgment (see page two of the judgment). If there are additional pages, attach them.
- **Waiver of Personal Service.** After the judgment is signed, if one spouse doesn't do what it says, the other spouse may ask the judge to enforce the judgment. The spouse asking for enforcement is required to personally serve (deliver) the other spouse with notice of this request. If you would like to waive the requirement of personal service, you may use Form #6D – Waiver of Personal Service or a form required by your court, if different. You are responsible for making sure you get all papers delivered to the address you list.

### **The Final Judgment.**

The judgment finalizes your divorce and contains all of the issues decided through your agreement. If both spouses agree on all issues, it may be prepared by either spouse as long as it is reviewed and signed by both spouses. The information should be the same as your agreement.

If you are responsible for filling out and filing the final judgment, make a copy for yourself and one for your spouse, and file the original with the court. **If your case involves child or spousal support, file an extra copy of the proposed judgment with the court.**

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

In the matter of <input type="checkbox"/> the Marriage	)	
	)	
	)	
_____ ,	)	Case No. _____
Co-Petitioner	)	
	)	ACKNOWLEDGMENT ABOUT
and	)	DISSOLUTION
	)	
_____ ,	)	
Co-Petitioner.	)	

We, \_\_\_\_\_ and \_\_\_\_\_, are filing for dissolution without full representation of an attorney.

We understand that we must pay all filing, service or hearing fees which are not deferred or waived by the court.

We understand that we should seek an attorney's help if my case involves any of the following issues:

- Custody/parenting time of minor children who have not been living in Oregon for the last six months;
- Pensions, retirement benefits or profit-sharing plans;
- a pending personal injury case involving me or my spouse/partner;
- real estate that my spouse/partner or I own along with someone else, or real estate located outside of Oregon;
- a family business;
- a bankruptcy case filed by me or my spouse;
- complex tax issues; or
- domestic violence.

We understand that we are responsible for all information that we provide on these forms and any changes we make to the printed language.

We understand that laws and legal procedures change and we should not use these forms unless they were recently approved by the court.

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Co-Petitioner Signature	Print Name
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Address or Contact Address	City, State, Zip	Telephone or Contact Telephone
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Co-Petitioner Signature

Print Name

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Address or Contact Address

City, State, Zip

Telephone or Contact Telephone





**6. Children Born or Adopted to Both Parties.**

Name	Date of Birth	Social Security No.	Address
		Do not list. Provide by UTCR 2.100 Affidavit	
		Do not list. Provide by UTCR 2.100 Affidavit	
		Do not list. Provide by UTCR 2.100 Affidavit	

Additional page attached; see section labeled “paragraph 6 continued.”

Co-Petitioner, (write name) \_\_\_\_\_, is pregnant.

Co-Petitioner (write name) \_\_\_\_\_  is  is not the parent of this child.

The expected date of the child’s birth is \_\_\_\_\_.

Neither party is now pregnant.

**7. Child/ren Born During Marriage/Domestic Partnership.**

List any child/ren born during the marriage/domestic partnership that either party is not the parent of, and that were not conceived when the parties were living together: \_\_\_\_\_

(name/s) and date/s) of birth)

**8. UCCJEA Information.**

**The child/ren listed above in Paragraph 6 has/have continuously resided in Oregon for the six months preceding the filing of this case.** List the places where the minor child/ren of the parties have lived in the last five years and the names of the people they lived with at that time.

Dates From/To	County, State	Parent(s)/Caretaker	Current Address/ Contact Address of Parent/Caretaker	Which Children

Additional page attached; see section labeled “Paragraph 8 continued.”

We  have  have not participated in any litigation concerning the custody, visitation, parenting time or placement of the child/ren in this or any other state. We have participated in the following litigation:

Name of Court	State	Case No.	Date	Result

We do not know of any other domestic violence, custody, visitation, parenting time or placement proceeding involving the child/ren, or of any other court case which could affect this case, pending in this or any other state  except for: \_\_\_\_\_

(identify court, case number and the kind of proceeding)

We do not know any person other than each other who has physical custody of the child/ren or who claims to have custody, visitation or parenting time rights  except for: \_\_\_\_\_

(list name and address)

**9. Parenting Plan (Custody and Parenting Time).**

Custody of the child/ren should be awarded as follows:

Co-Petitioner, (write name) \_\_\_\_\_ should be awarded sole custody of the following child/ren (list names): \_\_\_\_\_

Co-Petitioner, (write name) \_\_\_\_\_ should be awarded sole custody of the following child/ren (list names): \_\_\_\_\_

The parties have agreed to joint custody of the following child/ren (list names): \_\_\_\_\_

Co-Petitioner, (write name) \_\_\_\_\_ should have parenting time with the child/ren  as set forth in the attached Parenting Plan, labeled Exhibit \_\_\_\_\_ or  Other: \_\_\_\_\_

Co-Petitioner, (write name) \_\_\_\_\_ should not be granted parenting time because this would endanger the health and safety of the child/ren. **State supporting facts:** \_\_\_\_\_

Parenting time should be supervised by \_\_\_\_\_

Any cost of the supervision shall be paid by  Co-Petitioner, (write name) \_\_\_\_\_

Other: \_\_\_\_\_

Co-Petitioners should each provide contact addresses and contact telephone numbers to the other and notify each other of any emergency circumstances or substantial changes in the child/ren's health.

Co-Petitioner, (write name) \_\_\_\_\_ should be allowed to move more than 60 miles further distant from the other parent without advance notice because good cause exists.

**10. Child Support, including Health Care Coverage and Cash Medical Support.**

**A. Other Pending Child Support Cases. (Check one.)**

No other agency or court child support proceeding is currently pending (include any child support matter being heard as part of a dissolution, separation, annulment, paternity, support or modification case).

There is/are other child support proceeding(s) currently pending in either an agency or court case as set forth in the CERTIFICATE RE: PENDING CHILD SUPPORT PROCEEDING and/or EXISTING CHILD SUPPORT ORDER attached to this petition.

**B. Other Child Support Orders. (Check one.)**

No other child support orders, from an agency or court, are currently in effect in the State of Oregon or any other state.

There is/are other child support orders from an agency or court as set forth in the CERTIFICATE RE: PENDING CHILD SUPPORT PROCEEDING and/or EXISTING CHILD SUPPORT ORDERS/JUDGMENTS attached to this petition.

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**C. Currently Effective Child Support Order.** (Check any that apply.)

The following child support order/s is/are currently in effect: \_\_\_\_\_

\_\_\_\_\_  
(List state, court/agency, case number, date of order)

This order should remain in place  and includes provisions for medical support for the child/ren, or

This order is from an Oregon court or agency, one of the parents or the child/ren receiving support still resides in Oregon and the order should be changed because circumstances have changed since the last order was entered.

State facts showing how circumstances have changed: \_\_\_\_\_

**D. Cash Child Support.**

Complete either (1) or (2) below:

(1)  Cash child support should be paid by Co-Petitioner (write name) \_\_\_\_\_ to Co-Petitioner (write name) \_\_\_\_\_.

In the amount of \$\_\_\_\_\_ for \_\_\_\_\_ children. This is the amount presumed correct under the Oregon child support guidelines, **or**

In the amount of \$\_\_\_\_\_ for \_\_\_\_\_ children. The amount of support presumed correct under the Oregon child support guidelines, \$\_\_\_\_\_, would be unjust or inappropriate for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
(The reasons must also be shown on the support worksheets you attach to this petition.) **or**

In an amount to be determined under the Oregon child support guidelines before judgment.

The judgment entered in this case should require Co-Petitioner (write name) \_\_\_\_\_ to pay cash child support beginning on:

The first (or \_\_\_\_\_) day of the month following the date of the judgment and continuing on the same day of each month thereafter. **or**

Other date as follows \_\_\_\_\_ (date) and continuing on the same day of each month thereafter.

The support for each child should continue until the child reaches eighteen (18) years of age, or

The support for each child should continue until age 21 if the child qualifies for support as a child attending school as defined in ORS 107.108 unless the child becomes self-supporting, emancipated, or married.

(2)  No cash child support is ordered in this judgment because:

An order,  including medical support, for child support in the monthly amount of \$\_\_\_\_\_ has already been ordered in Circuit Court case number \_\_\_\_\_ in \_\_\_\_\_ County, Oregon.

Other reason: \_\_\_\_\_

E. **Medical Support.** Complete section (1) or (2) below. Also complete section (3) or (4) below.

Complete (1) or (2):

(1) **Private Health Care Coverage is Appropriate and Available.**

Co-Petitioner \_\_\_\_\_  Co-Petitioner \_\_\_\_\_  Both Co-Petitioners has/have appropriate private health care coverage available for the parties' child/ren through an employer, spouse, domestic partner or other source.  Co-Petitioner \_\_\_\_\_ or  Co-Petitioner \_\_\_\_\_  Both Co-Petitioners should be required to obtain and maintain this coverage throughout the period of the support obligation for the benefit of the parties' child/ren.

Health care coverage has already been ordered in another case as described above.

(2) **No Private Health Care Coverage is Appropriate or Available.**

Neither Co-Petitioner has appropriate private health care coverage available for the parties' child/ren.  Co-Petitioner \_\_\_\_\_  Co-Petitioner \_\_\_\_\_  Both Co-Petitioners should be ordered to provide appropriate private health care coverage for the child/ren when such coverage becomes available to them at a reasonable cost through any source.

The custodial parent should enroll in public health care coverage.

The child/ren are currently enrolled in public health care coverage.

Complete (3) or (4):

(3) **Cash Medical Support Should Be Ordered.**

Because the parent receiving cash child support is ordered to maintain private health care coverage and the parent paying cash child support is not, in addition to cash child support  Co-Petitioner \_\_\_\_\_ should pay \$ \_\_\_\_\_ for cash medical support to  Co-Petitioner \_\_\_\_\_, or

Neither parent has appropriate private health care coverage available for the parties' child/ren.  Co-Petitioner \_\_\_\_\_ should pay cash medical support in the monthly amount of \$ \_\_\_\_\_ to Co-Petitioner \_\_\_\_\_.

Co-Petitioner \_\_\_\_\_ should pay cash medical support in the monthly amount of \$ \_\_\_\_\_ to Co-Petitioner \_\_\_\_\_.

(4) **Cash Medical Support Should Not Be Ordered.**

Cash medical support should not be ordered for the following reasons:

The parent paying cash child support is also providing health care coverage.

Co-Petitioner \_\_\_\_\_'s  Co-Petitioner \_\_\_\_\_'s gross monthly income is at or below the Oregon minimum wage for full-time employment.

We are requesting that the parties share the cost of the child/ren's uninsured medical expenses.

Other reason: \_\_\_\_\_

All payments of child support should be made to the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309  **by electronic payment withdrawal (EPW) or electronic funds transfer (EFT).** In addition, support for a child attending school (between the ages of 18 and 21) as defined by Oregon law shall be distributed by the Department of Justice directly to the child subject to ORS 107.108.

(*Applies only if support enforcement services are not being provided.*)

Co-Petitioners request an exception to the income withholding requirement of ORS 25.378 allowing payment to be made directly to  Co-Petitioner \_\_\_\_\_'s checking or savings account. A receipt of deposit should be kept by the parent paying support as proof of payment. The parent receiving support should provide the paying parent with current deposit slips and/or bank name, account name, and account number.

**F. RESPONSIBILITY FOR UNINSURED HEALTH EXPENSES.**

Co-Petitioner should pay \_\_\_\_\_%  and Co-Petitioner \_\_\_\_\_ should pay \_\_\_\_\_% of the uninsured HEALTH, ACCIDENT, DENTAL, ORTHODONTIC, AND OPTICAL HEALTH costs incurred by the child/ren. This obligation is in addition to any cash medical support ordered.

**G. TAX DEPENDENTS. (*Check one.*)**

Co-Petitioner \_\_\_\_\_  Co-Petitioner \_\_\_\_\_ shall be entitled to claim the following child/ren as dependent(s) for tax purposes beginning the year this judgment is entered (*list names*): \_\_\_\_\_

OR

Other (*specify*): \_\_\_\_\_

**11. Life Insurance Coverage for Child/ren.**

Co-Petitioner \_\_\_\_\_  Co-Petitioner \_\_\_\_\_ should obtain and maintain life insurance for the benefit of the parties' child/ren throughout the period of the support obligation. The coverage should be in the amount of \$\_\_\_\_\_.

**12. Additional Provisions.** \_\_\_\_\_

Additional page attached; labeled "Paragraph 12 Continued - Additional Provisions."

**13. Spousal Support and Life Insurance.**

No spousal support or life insurance claims are made in this case (skip the rest of paragraph 13).

**A. Spousal Support.**

Support should be paid by  (*write name*) \_\_\_\_\_ to

(*write name*) \_\_\_\_\_

In the amount of \$\_\_\_\_\_ per month for the following period of time: \_\_\_\_\_ OR

In the lump sum amount of \$\_\_\_\_\_ by \_\_\_\_\_ (date)

///  
///

List reason(s) support should be paid: \_\_\_\_\_

\_\_\_\_\_

The support shall be called (*check one or more*):  transitional  compensatory  
 maintenance based on consideration of the following factors (list): \_\_\_\_\_

Spousal support payments are taxable to the obligee spouse/domestic partner and deductible to the obligor spouse/domestic partner. All payments terminate upon the death of either party.

**Payments.**

Spousal support payments should be made:

- The first (or \_\_\_\_\_) day of the month following the date of the judgment and continuing on the same day of each month thereafter, **or**
- Other date as follows \_\_\_\_\_ (date) and continuing on the same day of each month thereafter.

All payments of spousal support should be made: (*check (a) or (b)*):

(a)  To the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309. Co-Petitioners request that collection, accounting, disbursement, and enforcement services be provided through the Department of Justice. (Required if child support is paid through the state.)

(b)  Directly into \_\_\_\_\_'s checking or savings account. A receipt of deposit should be kept by the paying spouse/domestic partner as proof of payment. The spouse/domestic partner receiving support should provide the paying spouse/domestic partner with current deposit slips and/or bank name, account name, and account number.

The terms for Life Insurance and Medical Coverage indicated below shall be in effect:

**Withholding.**

If child support is also ordered in this case and if enforcement services are provided through the State of Oregon's Department of Justice, the spousal support order should be enforceable by income withholding under ORS 25.378.

**B. Life Insurance.**

Co-Petitioner, (*write name*) \_\_\_\_\_ should buy and maintain life insurance for the benefit of  Co-Petitioner, (*write name*) \_\_\_\_\_ throughout the period of the spousal support obligation, in the amount of \$ \_\_\_\_\_

**14. Real Property.**

Co-Petitioners do not have any interest in any real property located in this or any other state.

Co-Petitioner  Co-Petitioners (*write name/s*) \_\_\_\_\_  has/have an interest in real property located at the address of: \_\_\_\_\_

This property should be distributed as follows: \_\_\_\_\_

Additional page labeled "Paragraph 14 - Real Property continued" attached.

///  
///  
///

The legal description of the real property is attached as Exhibit \_\_\_\_\_ and incorporated in this petition.

Distribution of this property is not within the jurisdiction of this court.

**15. Personal Property (including motor vehicles).**

Co-Petitioners have divided between them all personal effects, household goods, and other personal property they own separately or together, and neither should claim those items now in possession of the other.

Co-Petitioner, (*write name*) \_\_\_\_\_ should be awarded the following personal property: \_\_\_\_\_

Additional page labeled "Paragraph 15 - (*write name*) \_\_\_\_\_'s Personal Property Distribution continued" attached.

Co-Petitioner, (*write name*) \_\_\_\_\_ should be awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred-compensation plan, and /or stock option plan held by spouse/domestic partner's employer, free of any interest in the spouse/domestic partner.

Co-Petitioner, (*write name*) \_\_\_\_\_ should be awarded the following personal property: \_\_\_\_\_

Additional page labeled "Paragraph 15 - (*write name*) \_\_\_\_\_'s Personal Property Distribution continued" attached.

Co-Petitioner, (*write name*) \_\_\_\_\_ should be awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred-compensation plan, and/or stock option plan held by spouse/domestic partner's employer, free of any interest in the spouse/domestic partner.

**16. Distribution of Debts.**

There are no outstanding debts of this marriage/domestic partnership.

The debts should be paid as follows:

Name of Creditor (who debt is owed to)	What debt is for	Amount	Who should pay (write names)

Additional page attached, labeled, "paragraph 16 continued".

Each spouse/domestic partner should be responsible for the payment of all debts incurred by him/her individually since the date of their separation; all debts which are distributed to him/her by the court; and all debts which are secured by property distributed to that spouse/domestic partner. Also, if any creditor asks the spouse/domestic partner not responsible for a debt to pay all or a portion of it, and s/he does so, the spouse/domestic partner responsible for that debt should reimburse the other spouse/domestic partner for any monies s/he paid to the creditor after the date of the judgment.

**17. Transfer of Debts and Property.**

Within 30 days of the date of judgment, each party should execute, acknowledge, and deliver whatever documents are necessary to accomplish the distribution of debts and property ordered by the court. The judgment should operate to convey title to the spouse/domestic partner awarded the property if the other spouse/domestic partner fails to comply with this requirement.

**18. Former Name.**

\_\_\_\_\_'s former name of \_\_\_\_\_ should be restored.

**19. Information Required by ORS 25.020 and ORS 107.085.**

Disclosure of the following information would unreasonably put to risk the health, safety, or liberty of  Petitioner  Respondent or child/ren \_\_\_\_\_ for the following reasons: \_\_\_\_\_

Otherwise: *(Fill out the information in the table below)*

	Petitioner	Respondent
Full Name		
Former Legal Name(s)	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Age		
Address or Contact Address		
Telephone Number		
Social Security Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Driver License Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Name	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Address	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Telephone	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).

Additional page labeled "Paragraph 19 continued" attached.

///  
///  
///



**20. Court Costs and Fees.**

**A. Deferred Costs and Fees**

Any court costs and service fees (if service completed by the Sheriff) that are deferred (required to be paid at a later date) by the court should be paid by:  Co-Petitioner (*write name*) \_\_\_\_\_

Both parties equally

Other: \_\_\_\_\_

**B. Costs and Fees Paid by the Parties**

Each party should be responsible for paying his/her own court costs and service fees for this case.

To be paid by both parties equally

Co-Petitioner, (*write name*) \_\_\_\_\_ should reimburse the other party for his/her court costs and service fees for this case.

Other: \_\_\_\_\_

Judgment should be entered according to the cost and fee allocation listed above.

**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:

We selected this document for ourselves and completed it without paid assistance.

We paid or will pay money to \_\_\_\_\_ for assistance in preparing this form.

WHEREFORE, Co-Petitioners request a Judgment granting the relief asked for above, and other equitable relief that the Court thinks is just.

STATE OF \_\_\_\_\_ )  
 ) ss.

County of \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, say that I am a Co-Petitioner in this matter and that the foregoing petition is true and correct to the best of my knowledge.

\_\_\_\_\_  
Co-Petitioner (signature)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address or Contact Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone or Contact Telephone

SIGNED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by \_\_\_\_\_

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_

///  
///  
///

I, \_\_\_\_\_, being duly sworn, say that I am the Co-Petitioner in this matter and that the foregoing petition is true and correct to the best of my knowledge.

\_\_\_\_\_  
Co-Petitioner (signature)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address or Contact Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone or Contact Telephone

SIGNED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by \_\_\_\_\_

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_

**I certify that this is a true copy.**

\_\_\_\_\_  
Co-Petitioner (signature)



ORDER/JUDGMENT #3 (Attach a copy of the signed order):

Name/County of Court or Agency where issued: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Date of Order: \_\_\_\_\_

ORDER/JUDGMENT #4 (Attach a copy of the signed order):

Name/County of Court or Agency where issued: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Date of Order: \_\_\_\_\_

Attach additional sheets if necessary, labeled "Attachment 1 to Certificate Re: Child Support Proceedings and Orders."

**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.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Co-Petitioner, Signature

\_\_\_\_\_  
 Co-Petitioner, Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address or Contact Address

\_\_\_\_\_  
Address or Contact Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone or Contact Telephone

\_\_\_\_\_  
Telephone or Contact Telephone

[Attach to Summons per ORS 107.093(5)]

**NOTICE OF STATUTORY RESTRAINING ORDER  
PREVENTING THE DISSIPATION OF ASSETS  
IN DOMESTIC RELATIONS ACTIONS**

**REVIEW THIS NOTICE CAREFULLY. BOTH PARTIES MUST OBEY EACH PROVISION OF THIS ORDER TO AVOID VIOLATION OF THE LAW. YOU HAVE THE RIGHT TO A HEARING. SEE INFORMATION BELOW.**

**TO THE PETITIONER AND RESPONDENT:**

Under ORS 107.093 and UTCR 8.080, Petitioner and Respondent must not:

**Insurance Policies**

(1) Cancel, modify, terminate or allow to lapse for nonpayment of premiums any policy of health insurance, homeowner or renter insurance, or automobile insurance that one party maintains to provide coverage for the other party or a minor child of the parties, or any life insurance policy that names either of the parties or a minor child of the parties as a beneficiary.

**Insurance Beneficiaries**

(2) Change beneficiaries or covered parties under any policy of health insurance, homeowner or renter insurance, or automobile insurance that one party maintains to provide coverage for the other party or a minor child of the parties, or any life insurance policy.

**Property**

(3) Transfer, encumber (*i.e., mortgage, lien, borrow against*), conceal, or dispose of property in which the other party has an interest, in any manner, without written consent of the other party or an order of the court, except in the usual course of business or for necessities of life.

**Expenses**

(4) Make extraordinary expenditures without providing written notice and an accounting of the extraordinary expenditures to the other party.

**EXCEPTIONS:**

Paragraphs (3) and (4) do not apply to payment by either party of:

- (a) Attorney fees in this action;
- (b) Real estate and income taxes;
- (c) Mental health therapy expenses for either party or a minor child of the parties; or
- (d) Expenses necessary to provide for the safety and welfare of a party or a minor child of the parties.

**EFFECTIVE DATE:**

The above provisions are in effect immediately upon service of the *Petition* and *Summons* on the respondent. They remain in effect until a final judgment is issued, until the petition is dismissed, or until further order of the court.

**RIGHT TO REQUEST A HEARING**

Either Petitioner or Respondent may request a hearing to modify or terminate one or more terms of this restraining order, by filing with the court the *Request for Hearing re: Statutory Restraining Order* form specified in Form 8.080.3 in the UTCR Appendix of Forms.

## Information about the Confidential Information Form (CIF)

### What is a CIF?

Most court files may be viewed by the public. Uniform Trial Court Rule (UTCRC) 2.130 requires certain confidential personal information to be protected from public disclosure. That is done by providing the information in a separate form. After you file your papers, the court keeps the form separate from the part of the court file that may be viewed by the public. The form is UTCRC Form 2.130.1, known as the Confidential Information Form, or CIF.

### What information does a CIF make confidential?

The information protected by the CIF is social security numbers, birth dates, driver license numbers, and former legal names. Also protected are the name, address, and telephone number of a party's employer.

The CIF should only be used to protect the information described above. There may be other information in your court papers that you do not want the public to be able to see, such as bank account or credit card numbers. The separate process for protecting that information is described in UTCRC 2.100, which can be read at:

<http://courts.oregon.gov/OJD/programs/utcr/utcrules.page?>

### How do I know when I need to put information in the CIF?

When a document filed with the court requires you to include information protected by a CIF, that information must **only** be provided to the court in a CIF and must not be listed in any other document to be filed. Where you would otherwise provide the information in the document to be filed you must make a note that the information has been provided in the CIF. For example, if a document requires a party's full social security number to be listed, you must not list the social security number, but must instead make a note on the document that the information has been filed under UTCRC 2.130. **The online court forms already have that note on the form.**

### Do I need to file more than one CIF?

In most cases, yes. You must fill out a CIF for yourself, and if the documents you are filing with the court require confidential personal information about the other party, you must also fill out a separate CIF with the other party's information. If your case involves children, you should include their information in *your* CIF. You do not need a separate CIF for your children.

If there is CIF information you do not know when you file your papers, or if the information changes during your case, you must file an amended CIF that provides the new or updated information.

The CIF rule requires you to redact – black out or erase – confidential personal information from any attachments to documents you file with the court and to make a note on the attachment that the information has been provided in the CIF. The only exception is when you are required to attach a court-certified document. Documents that are required to be court certified should not be altered in any way.

**Does the other party get copies of a CIF I file?**

You are not required to serve the CIFs on the other party, though you may share a CIF with the other party if you chose to do so. You *are* required to serve the other party with UTCR Form 2.130.2, which is a notice that a CIF has been filed. You must also file a certificate with the court showing that you served the other party with the notice that a CIF was filed.

There are steps the other party and other people can go through to ask the court to allow them access to a CIF that you have filed. UTCR 2.130 explains that process in detail, and also describes the circumstances under which the court must deny a request by someone else to view a CIF you have filed.

The CIF rule (UTCR 2.130) can be read at:

<http://courts.oregon.gov/OJD/OSCA/cpsd/courtimprovement/familylaw/familylawforms.page?>

and you can find additional information about the rule at:

<http://courts.oregon.gov/OJD/OSCA/cpsd/courtimprovement/familylaw/familylawforms.page?>





Children's Names (Last, First, Middle)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth	Social Security Number

Please attach an additional sheet if there are more than five children involved in the proceeding.

**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 are subject to penalty for perjury.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

**COMPLETED AND SUBMITTED BY:**

Petitioner  Respondent  Co-Petitioner \_\_\_\_\_

Child who is at least 18 and under 21: \_\_\_\_\_

Other: \_\_\_\_\_

**NOTE TO COURT STAFF: Unless ordered or authorized under UTCR 2.130, this Confidential Information Form is not available to the opposing party or his/her attorney, or to the public; except for the state.**



Children's Names (Last, First, Middle)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth	Social Security Number

Please attach an additional sheet if there are more than five children involved in the proceeding.

**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 are subject to penalty for perjury.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

**COMPLETED AND SUBMITTED BY:**

Petitioner  Respondent  Co-Petitioner \_\_\_\_\_

Child who is at least 18 and under 21: \_\_\_\_\_

Other: \_\_\_\_\_

**NOTE TO COURT STAFF: Unless ordered or authorized under UTCR 2.130, this Confidential Information Form is not available to the opposing party or his/her attorney, or to the public; except for the state.**

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR \_\_\_\_\_ COUNTY

\_\_\_\_\_ )  
 )  
 \_\_\_\_\_ )  
 Petitioner  Co-Petitioner, )  
 )  
 and )  
 )  
 \_\_\_\_\_ )  
 Respondent  Co-Petitioner. )  
 )  
 )  
 \_\_\_\_\_ )  
 Child At Least 18 But Under 21 )  
 Other \_\_\_\_\_ )

Case No.: \_\_\_\_\_

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

**NOTICE: Confidential Information Form Has Been Filed**

- Uniform Trial Court Rule (UTCRC) 2.130 requires that parties to domestic relations 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 UTCRC 2.130.

**I am the (check one box):**

Petitioner  Respondent  Co-Petitioner \_\_\_\_\_  
 Child at least 18 but under 21: \_\_\_\_\_  
 Other: \_\_\_\_\_

**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  Co-Petitioner  Adult Child  Other: \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

party's social security number,  party's date of birth,  children's social security number,  
 children's date of birth,  employer's name, address, and telephone number,  driver license number,  
 former legal name(s).

2) Name (Last, First, Middle): \_\_\_\_\_  
 Petitioner  Respondent  Co-Petitioner  Adult Child  Other: \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

- party's social security number,  party's date of birth,  children's social security number,
- children's date of birth,  employer's name, address, and telephone number,  driver license number,
- former legal name(s).

3) Name (Last, First, Middle): \_\_\_\_\_  
 Petitioner  Respondent  Co-Petitioner  Adult Child  Other: \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

- party's social security number,  party's date of birth,  children's social security number,
- children's date of birth,  employer's name, address, and telephone number,  driver license number,
- former legal name(s).

4) Name (Last, First, Middle): \_\_\_\_\_  
 Petitioner  Respondent  Co-Petitioner  Adult Child  Other: \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

- party's social security number,  party's date of birth,  children's social security number,
- children's date of birth,  employer's name, address, and telephone number,  driver license number,
- former legal name(s).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

---

Signature

Print Name

---

Contact Address

City, State, Zip

Contact Telephone



**RECORD OF DISSOLUTION  
OF MARRIAGE, ANNULMENT OR  
REGISTERED DOMESTIC PARTNERSHIP**

136-

State file number:

The petitioner or legal representative of the petitioner is responsible for completing the personal information on this form and shall present this form to the clerk of the court with the petition. In all cases the completed record shall be a prerequisite to the granting of the final judgment.

Case number: \_\_\_\_\_  
 Judgment type:     Dissolution of marriage     Annulment     Dissolution of registered domestic partnership(RDP)

**Spouse / Partner A**

1. Spouse/Partner A – Legal name: (first, middle, last, suffix)    2. Last name at birth: (not required for RDP)  
 3. Residence or legal address: (street and number) (city or town) (county) (state)  
 4. Other legal last names used:  
 5. Date of birth: (mm/dd/yyyy)    6. Birthplace: (state, territory or foreign country)

**Spouse / Partner B**

7. Spouse/Partner B – Legal name: (first, middle, last, suffix)    8. Last name at birth: (not required for RDP)  
 9. Residence or legal address: (street and number) (city or town) (county) (state)  
 10. Other legal last names used:  
 11. Date of birth: (mm/dd/yyyy)    12. Birthplace: (state, territory or foreign country)

**Marriage / Declaration**

13. Date of marriage / filing of RDP declaration: (mm/dd/yyyy)    14. Date couple last resided in same household: (mm/dd/yyyy)  
 15a. Place of marriage/RDP: (city, town or location)    15b. County:    15c. State or foreign country:  
 16. Number of children under 18 in this household as of the date in item 14:  
 Number: \_\_\_\_\_ None     17. Petitioner:  
 Spouse/Partner A     Spouse/Partner B     Both

**Attorney**

18a. Name of petitioner's attorney: (print)    18b. Address: (street and number or rural route number, city or town, state, ZIP code)  
 19a. Name of respondent's attorney: (print)    19b. Address: (street and number or rural route number, city or town, state, ZIP code)

**Judgment**

20. Marriage/RDP declaration of the above named persons was dissolved on: (mm/dd/yyyy)    21. Date judgment becomes effective: (mm/dd/yyyy)  
 22. Number of children under 18 whose physical custody was awarded to:  
 \_\_\_ Spouse/Partner A    \_\_\_ Spouse/Partner B    \_\_\_ Joint (shared custody)    \_\_\_ Other (specify) \_\_\_\_\_     No children  
 23. County of decree:    24. Title of court: **Circuit**  
 25. Signature of court official:    26. Title of court official:    27. Date signed: (mm/dd/yyyy)

Information below will not appear on the certified copies of the record.

**Spouse / Partner A**

28. Spouse A's Social Security number: (not required for RDP)    29. Spouse B's Social Security number: (not required for RDP)

30. Number of this marriage/RDP – first, second, etc.:		31. If previously married or in a RDP date last marriage/RDP ended:		32. Hispanic origin: Cuban, Mexican, Puerto Rican List all that apply (specify below)	33. Race(s): Black, White, etc. List all that apply (specify below)	34. Education – Specify only highest grade completed:	
Marriage	RDP	By death, divorce, dissolution or annulment (specify below)	Date: (mm/dd/yyyy)			Elementary/Secondary: (grades 0-12)	College: (1-4 or 5+)
30a.	30b.	31a.	31b.	32a.	33a.	34a.	34b.
30c.	30d.	31c.	31d.	32b.	33b.	34c.	34d.

**Spouse / Partner B**

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

In the Matter of  the Marriage of:

\_\_\_\_\_  
Co-Petitioner,  
and  
\_\_\_\_\_  
Co-Petitioner.

Case No. \_\_\_\_\_

CO-PETITIONERS' MOTION FOR ORDER  
ALLOWING JUDGMENT ON AFFIDAVIT  
IN LIEU OF HEARING

Motion

Based on ORS 107.095(4) and

- the co-petition of the parties (or)
- the stipulation of the parties to the entry of a general judgment,
- the appearance of Respondent who has waived the right to further appearance (or)
- the Order of Default on record,

Co-Petitioner \_\_\_\_\_ requests that this Court grant an Order allowing entry of judgment based on the attached Affidavit in lieu of a hearing.

Statement of Points and Authorities

In a suit for dissolution of marriage where the parties are co-petitioners, or respondent is found by the Court to be in default, or the respondent appeared but waived further appearance, or the parties stipulate to the entry of a decree, ORS 107.095(4) authorizes the Court to enter a judgment of dissolution upon affidavit without a hearing.

**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.

Date: \_\_\_\_\_

Co-Petitioner's, Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Petitioner's, Signature: \_\_\_\_\_

**Submitted by:**

Co-Petitioner (Print Name)

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone



IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

In the Matter of  the Marriage of:

\_\_\_\_\_  
and Co-Petitioner,

\_\_\_\_\_  
Co-Petitioner.

Case No. \_\_\_\_\_

ORDER ALLOWING JUDGMENT ON  
AFFIDAVIT IN LIEU OF HEARING

Co-petitioners' Motion for Order Allowing Judgment on Affidavit in Lieu of Hearing is:

Allowed.

Denied.

DATED

\_\_\_\_\_  
Circuit Court Judge

\_\_\_\_\_  
Print Name

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

In the Matter of  the Marriage of: )

\_\_\_\_\_ )

Petitioner,  Co-Petitioner, )  
and )

\_\_\_\_\_ )

Respondent,  Co-Petitioner. )

Case No. \_\_\_\_\_

PETITIONER'S  CO-PETITIONERS'  
 RESPONDENT'S AFFIDAVIT IN SUPPORT  
OF MOTION FOR ORDER ALLOWING ENTRY OF  
JUDGMENT ON AFFIDAVIT IN LIEU OF HEARING  
(With Children)

STATE OF \_\_\_\_\_ )

) ss.

County of \_\_\_\_\_ )

I, \_\_\_\_\_, being first duly sworn, say: I am the  Petitioner

Co-Petitioner  Respondent in this proceeding.

- The parties have filed a co-petition and are co-petitioners (or)
- An Order of Default has been entered in this court on \_\_\_\_\_ (or)
- Respondent appeared, but has waived the right to further appearance (or)
- The parties have stipulated to the entry of judgment as indicated by their notarized signatures below.
- Child support or spousal support is involved:

Petitioner's  Co-Petitioner (write name) \_\_\_\_\_'s average gross monthly income is approximately \$\_\_\_\_\_.

Respondent's  Co-Petitioner, (write name) \_\_\_\_\_'s average gross monthly income is approximately \$\_\_\_\_\_.

The current residence of the minor child/ren is:

Name of Child	Resides With (Name, Address or Contact Address)	For how long

Pursuant to ORS 107.095,  Petitioner  Co-Petitioner  Respondent request/s that this Court grant an Order allowing entry of judgment in lieu of a hearing.

\_\_\_\_\_  
 Petitioner  Co-Petitioner, Signature

\_\_\_\_\_  
 Respondent  Co-Petitioner, Signature

**PETITIONER'S  CO-PETITIONERS'  RESPONDENT'S AFFIDAVIT IN SUPPORT OF MOTION FOR ORDER OF ENTRY OF JUDGMENT ON AFFIDAVIT IN LIEU OF HEARING - Page 1 of 2**

STATE OF \_\_\_\_\_  
County of \_\_\_\_\_

\_\_\_\_\_  
 Petitioner  Co-Petitioner, Signature

SIGNED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by \_\_\_\_\_

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Respondent  Co-Petitioner, Signature

SIGNED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by \_\_\_\_\_

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_

**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 document.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Submitted by:**

\_\_\_\_\_  
 Petitioner  Co-Petitioner  Respondent, Signature Print Name

\_\_\_\_\_  
Address or Contact Address City, State, Zip Telephone or Contact Telephone

**I certify this is a true copy**

\_\_\_\_\_  
 Petitioner's  Respondent's, Signature

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

In the Matter of the Marriage of: )

)

\_\_\_\_\_, )

Co-Petitioner, )

and )

)

\_\_\_\_\_, )

Co-Petitioner. )

)

STATE OF OREGON )

)

County of \_\_\_\_\_ )

ss.

Case No. \_\_\_\_\_

CO-PETITIONER'S AFFIDAVIT SUPPORTING  
STIPULATED JUDGMENT OF DISSOLUTION  
[With Children]

We, \_\_\_\_\_ and \_\_\_\_\_, being first duly sworn, say:  
We are co-petitioners in this proceeding. The parties were married on (date): \_\_\_\_\_, in the  
County of \_\_\_\_\_, State of \_\_\_\_\_.

Irreconcilable differences between the spouses have caused the irremediable breakdown of the  
marriage.

Marriage Only:  I certify that one or both of the parties to this case currently live in the county in  
which this petition is being filed.

Domestic Partnership Only  I certify that one or both of the parties to this case currently live in the  
county in which this petition is being filed, or  neither party currently resides in Oregon but I certify that this  
petition is filed in the county where  Petitioner or  Respondent last resided.

No domestic relations suits involving this marriage/domestic partnership of Petitioner and  
Respondent are pending in any other court.

There are \_\_\_\_\_ child/ren of the marriage.  Co-Petitioner, (*write name*)  
\_\_\_\_\_ is pregnant with spouse/partner's child.  Co-Petitioner was cohabiting with his/her  
spouse/domestic partner when the child was conceived. The expected date of the child's birth is  
\_\_\_\_\_.

Neither party is now pregnant.

///  
///  
///  
///  
///  
///  
///  
///

Child/ren named \_\_\_\_\_ were born to  Co-Petitioner, (*write name*) \_\_\_\_\_ in the year \_\_\_\_\_, during this marriage/domestic partnership. The spouse/partner is not the parent of the child/ren.  Co-Petitioner, (*write name*) \_\_\_\_\_ was not cohabiting with his/her spouse/domestic partner when the child was conceived.

Co-Petitioner, (*write name*) \_\_\_\_\_ is pregnant at this time and his/her spouse/domestic partner is not the parent of this/these child/ren.  Co-Petitioner, (*write name*) \_\_\_\_\_ was not cohabiting with his/her spouse/domestic partner when this/these child/ren was/were conceived. The expected date of the child/ren's birth is \_\_\_\_\_.

This case is now ready for a hearing on the merits. We make this affidavit in support of a General Judgment without a hearing. The allegations in our petition are true and it is just and reasonable that the relief requested be granted in the proposed judgment.

- Child custody or child support is involved in this case and at the time of filing:
- The child/ren had continuously resided in Oregon for six months before this case was filed.
- List any other basis for child custody jurisdiction \_\_\_\_\_

The current residence of the minor child/ren is/are:

Name of Child	Resides With (Name, Address or Contact Address)	For How Long

Additional page attached, labeled "Information About Child/ren, Continued."

Parenting time should not be ordered because our child/ren's health or safety would be endangered because: \_\_\_\_\_

I have good reason for the court to allow me to move more than 60 miles further distant from the other parent without giving written advance notice to the other parent. My good cause is: \_\_\_\_\_

Child support or spousal support is involved:

Co-Petitioner's, (*write name*) \_\_\_\_\_ average gross monthly income is approximately \$\_\_\_\_\_.  Co-Petitioner's, (*write name*) \_\_\_\_\_ average gross monthly income is approximately \$\_\_\_\_\_. Work or school related daycare is \$\_\_\_\_\_/month and is paid by  Co-Petitioner, (*write name*) \_\_\_\_\_ Health insurance for our child/ren costs \$\_\_\_\_\_/month out of pocket and is paid by  Co-Petitioner, (*write name*) \_\_\_\_\_.

///

The child support amount we have requested  does not deviate from the amount presumed correct under Oregon Administrative Rules, or  does deviate from the presumed amount of \$ \_\_\_\_\_ per month because: \_\_\_\_\_

Child support is involved and  Co-Petitioner, (*write name*) \_\_\_\_\_ does not live in Oregon. (*If you checked the box above, check any of the following boxes that are true*)

Co-Petitioner lived in Oregon with the child.

Co-Petitioner lived in Oregon and paid expenses for the birth or support of the child.

The child was possibly conceived in Oregon.

The child lives in Oregon because of the wishes of (*write name*) \_\_\_\_\_

Co-Petitioners both lived in Oregon at the same time (*either together or separately*) during the marriage for a period of six months, beginning (*list dates*) \_\_\_\_\_ and ending on \_\_\_\_\_ and less than one year has passed since one Co-Petitioner moved to a new residence out of state.

Other basis for jurisdiction: \_\_\_\_\_

A child support order currently exists and I requested that this court issue a new order because the existing order was issued by an Oregon court or agency, one of the parents or the child/ren receiving support under the order still resides in Oregon, and circumstances have changed since the first order was entered. The changed circumstances are (*explain what has changed since the last order*): \_\_\_\_\_

Co-Petitioner/s, (*write nam/se*) \_\_\_\_\_ has/have appropriate **private** health care coverage available for the parties' child/ren either through an employer, union, or other source, or through a domestic partner, spouse or other family member residing with them (*describe type of coverage*): \_\_\_\_\_

We request that  Co-Petitioner, (*write name*) \_\_\_\_\_ be ordered to maintain this coverage throughout the period of the support obligation for the benefit of the parties' child/ren.

Both Co-Petitioners have appropriate **private** health care coverage available for the parties' child/ren. We select the following health care coverage to be maintained throughout the period of the support obligation:

Co-Petitioner's, (*write name*) \_\_\_\_\_  Both Co-Petitioner's (*describe type/s of coverage*): \_\_\_\_\_

Neither Co-Petitioner has appropriate **private** health care coverage available for the parties' child/ren and,

Co-Petitioner, (*write name*) \_\_\_\_\_  Both Co-Petitioners should be ordered to apply for and enroll the child/ren in **public** health care coverage.

Co-Petitioner, (*write name*) \_\_\_\_\_ has already applied to enroll the child/ren in **public** health care coverage. This coverage should be maintained if the child/ren are accepted for enrollment.

The child/ren are currently enrolled in **public** health care coverage. This coverage should be maintained.

Both Co-Petitioners should be ordered to provide appropriate **private** health care coverage when such coverage becomes available to them through any source.



**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:

- We selected this document for ourselves, and we completed it without paid assistance.
- We paid or will pay money to \_\_\_\_\_ for assistance in preparing this form.

Dated: \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Co - Petitioner's Signature Print Name

\_\_\_\_\_  
Address or Contact Address City, State, Zip Telephone or Contact Telephone

SIGNED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

by \_\_\_\_\_

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Co - Petitioner's Signature Print Name

\_\_\_\_\_  
Address or Contact Address City, State, Zip Telephone or Contact Telephone

SIGNED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

by \_\_\_\_\_

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_

**I certify that this is a true copy:**

\_\_\_\_\_, **Petitioner Signature**





Name	Year of Birth	Age

Spouse/Partner (*write name*), \_\_\_\_\_ is not the parent, or paternity has not been established, of other spouse/partner's child/ren named \_\_\_\_\_

born during the marriage/domestic partnership on the following date(s) \_\_\_\_\_

Neither party is now pregnant.

Co-Petitioner, (*write name*) \_\_\_\_\_, is now pregnant.  Co-Petitioner, (*write name*) \_\_\_\_\_,  is  is not the parent of this/these child/ren due \_\_\_\_\_ (date)

**D. Child Custody Jurisdiction.** (*Check appropriate boxes*)

I.  Oregon has jurisdiction under the Uniform Child Custody Jurisdiction and Enforcement Act to hear the  custody  parenting time issue because:

Oregon is the child/ren's home state (i.e., the child/ren have lived here continuously for the six month period immediately before this case was filed).

Other reason: \_\_\_\_\_

II.  Oregon does not have jurisdiction under the Uniform Child Custody Jurisdiction Act because \_\_\_\_\_

**E. Child/ren Who Are At Least 18 and Under 21 Years of Age.**

\_\_\_\_\_ (*child/ren's name*) is at least 18 and under 21 years of age, is unmarried, and has:

Waived further appearance in these proceedings.

Signed and stipulated to the terms of judgment evidenced by the signature below.

Fully participated in the proceedings and the judgment effectively binds him/her to the terms.

**NOW, THEREFORE, IT IS HEREBY ORDERED:**

The terms of this judgment are effective immediately. The marital/domestic partnership status of the parties shall terminate on the date this judgment is signed by the judge.

**1. Parenting Plan.**

Custody of the child/ren is awarded as follows:

Co-Petitioner, (*write name*) \_\_\_\_\_ is awarded sole custody of the following child/ren (*list names*): \_\_\_\_\_

Co-Petitioner, (*write name*) \_\_\_\_\_ is awarded sole custody of the following child/ren (*list names*): \_\_\_\_\_

The parties have agreed to joint custody of the following child/ren (*list names*): \_\_\_\_\_

as described in the attached parenting plan, labeled, "Exhibit 1."

Co-Petitioner, (*write name*) \_\_\_\_\_ should have parenting time with the child/ren in accordance with  the local court rule, or  the attached parenting plan, labeled, "Exhibit1."

Co-Petitioner, (*write name*) \_\_\_\_\_ should have reasonable parenting time with the child/ren upon giving reasonable notice to the other parent. Minimum parenting time, in case of disagreement, shall be: \_\_\_\_\_

Additional page(s) attached, labeled, "Exhibit 1."

Co-Petitioner, (*write name*) \_\_\_\_\_ shall not have parenting time because this would endanger the health and safety of the child/ren.

Parenting time shall be supervised by \_\_\_\_\_  Any cost of the supervision shall be paid by  Co-Petitioner, (*write name*) \_\_\_\_\_  Other: \_\_\_\_\_

Co-Petitioners shall each provide contact addresses and contact telephone numbers to the other and notify each other of any emergency circumstances or substantial changes in the child/ren's health.

Neither parent shall move to a residence more than 60 miles further distant from the other parent without giving the other parent reasonable notice of the change of residence and providing a copy of such notice to the court, or  the requirement of ORS 107.159 regarding notice of move is suspended for good cause found.

## 2. Cash Child Support.

Complete either (a) or (b) below:

- (a)  Cash child support shall be paid by Co-Petitioner (*write name*) \_\_\_\_\_ to Co-Petitioner (*write name*) \_\_\_\_\_.
- In the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ children. This is the amount presumed correct under the Oregon child support guidelines, **or**
- In the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ children. The amount of support presumed correct under the Oregon child support guidelines, \$ \_\_\_\_\_, would be unjust or inappropriate for the following reasons: \_\_\_\_\_

(The reasons must also be shown on the support worksheets you attach to this judgment.)

The child support worksheet on which the support amount was calculated is labeled "Exhibit \_\_\_\_\_" and attached to and incorporated in this judgment.

- Co-Petitioner (*write name*) \_\_\_\_\_ shall pay cash child support beginning on:
- The first (or \_\_\_\_\_) day of the month following the date of the judgment and continuing on the same day of each month thereafter. **or**
- Other date as follows \_\_\_\_\_ (date) and continuing on the same day of each month thereafter.

- (b)  No cash child support is ordered in this judgment because:

- An order,  including medical support, for child support in the monthly amount of \$ \_\_\_\_\_ has already been ordered in Circuit Court case number \_\_\_\_\_ in \_\_\_\_\_ County, Oregon.
- Other reason: \_\_\_\_\_

**3. Medical Support.** Complete section (a) or (b) below. Also complete section (c) or (d) below.

Complete (a) or (b):

**(a) Private Health Care Coverage is Appropriate and Available.**

- Co-Petitioner \_\_\_\_\_  Both Co-Petitioners has/have appropriate private health care coverage available for the parties' child/ren through an employer, spouse, domestic partner or other source.  Co-Petitioner \_\_\_\_\_
- Both Co-Petitioner is/are ordered to obtain and/or maintain this coverage throughout the period of the support obligation for the benefit of the parties' child/ren.
- Health care coverage is not ordered in this judgment because it has already been ordered in another case as described in section 2(b) above.

**(b) No Private Health Care Coverage is Appropriate or Available.**

- Neither Co-Petitioner has appropriate private health care coverage available for the parties' child/ren.  Co-Petitioner \_\_\_\_\_  Both Co-Petitioners must provide appropriate private health care coverage for the child/ren when such coverage becomes available to them at a reasonable cost through any source.
- The custodial parent shall enroll or maintain the child/ren in public health care coverage.

Complete (c) or (d):

**(c) Cash Medical Support Ordered.**

- Because the parent receiving cash child support is ordered to maintain private health care coverage and the parent paying cash child support is not ordered to maintain private health insurance, in addition to cash child support  Co-Petitioner \_\_\_\_\_ must pay \$ \_\_\_\_\_ for cash medical support to  Co-Petitioner \_\_\_\_\_ or
- Because neither parent has appropriate private health care coverage available for the parties' child/ren:  Co-Petitioner \_\_\_\_\_ must pay cash medical support in the monthly amount of \$ \_\_\_\_\_ to Co-Petitioner \_\_\_\_\_ and/or
- Co-Petitioner \_\_\_\_\_ must pay cash medical support in the monthly amount of \$ \_\_\_\_\_ to Co-Petitioner.

**(d) Cash Medical Support Not Ordered.**

- Cash medical support is not ordered for the following reasons:
- The parent paying cash child support is also providing health care coverage.
  - Section (e) below requires the parties to share the cost of the child/ren's uninsured

medical expenses.

Co-Petitioner \_\_\_\_\_'s gross monthly income is at or below the Oregon minimum wage for full-time employment.

Other reason: \_\_\_\_\_

**(e) Responsibility for Uninsured Health Expenses.**

After the custodial parent pays the first \$250 per year per child,  Co-Petitioner \_\_\_\_\_ must pay \_\_\_\_\_% and Co-Petitioner \_\_\_\_\_ must pay \_\_\_\_\_% of the reasonably incurred uninsured health, accidental, dental, orthodontic, and optical costs incurred by the child/ren, including costs for prescriptions. This obligation is  in addition to  instead of any cash medical support ordered above in paragraph 3(c) as part of the child support award.

**NOTICE ABOUT CHANGE IN PRIVATE HEALTH INSURANCE ENROLLMENT STATUS**

If child support services are provided by the Division of Child Support, the obligor and obligee must inform the administrator, as defined in ORS 25.010(1), in writing of any change in private health insurance enrollment status within 10 days of the change. UTCR 8.020(2)

**4. Length of Child Support.**

Unless the child becomes self-supporting, emancipated, or married:

The support ordered in paragraphs 2 and 3 above for each child shall continue until the child reaches eighteen (18) years of age.

The support ordered in paragraphs 2 and 3 above for each child shall continue until the child reaches age 21 if the child qualifies for support as a child attending school as defined by Oregon law.

**NOTICE ABOUT PERIODIC REVIEWS**

If you are receiving child support services through the Department of Justice, either parent may request that the Department of Justice/Division of Child Support review the amount of support ordered after three years from the date the order took effect or at any time upon a substantial change of circumstances.

**5. Payment of Child Support**

**Effect on existing orders.** This order shall modify and replace the following existing order (*list court/agency and case number*): \_\_\_\_\_ because the existing order was issued by an Oregon court or agency, one of the parents or the child/ren receiving support under the order still resides in Oregon, and circumstances have changed since the order was entered.

Pursuant to ORS 25.378(1), an income withholding order shall be issued to enforce the child support obligation unless an exception is indicated below.

**Exceptions to withholding.** Income withholding is not ordered at this time because there is no support arrearage, the paying parent has not previously been granted an exemption from withholding, and:

The parents, and the State, if support rights are assigned, have agreed in writing to an alternative arrangement; or

Good cause not to require withholding is found because there is proof of timely payment of previously-ordered support and income withholding would not be in the best interests of the child.



## NOTICE ABOUT PARENTING TIME AND CHILD SUPPORT

The terms of child support and parenting time (visitation) are designed for the child's benefit and not the parents' benefit. You must pay support even if you are not receiving parenting time. You must comply with parenting time and visitation orders even if you are not receiving child support.

Violation of child support orders and visitation or parenting time orders is punishable by fine, imprisonment or other penalties.

Publicly funded help is available to establish, enforce, and modify child support orders. Paternity establishment services are also available. Contact your local district attorney, the domestic relations court clerk, or the Department of Justice at 1-800-850-0228 or 503-378-5567 for information. Information is also available at [www.oregonchildsupport.gov](http://www.oregonchildsupport.gov).

Publicly funded help may be available to establish, enforce, and modify parenting time or visitation orders. Forms are available to enforce parenting time or visitation orders. Contact the domestic relations, civil court

### 8. Spousal Support and Life Insurance.

- No spousal support or spousal life insurance is ordered in this case.
- The terms for Spousal Support, Payments, and Life Insurance indicated below shall be in effect:

#### Spousal Support.

Support shall be paid by: (*write names*) \_\_\_\_\_ to \_\_\_\_\_

In the amount of:  \$ \_\_\_\_\_ per month, or  a lump sum in the amount of \$ \_\_\_\_\_  
by \_\_\_\_\_ (date).

Period support payments shall last until: \_\_\_\_\_ (date), or the death of either party,  
whichever comes first.

The support shall be called (check one or more):  transitional  compensatory  spousal  
maintenance, based on consideration of the following factors: \_\_\_\_\_

---

Spousal support payments are taxable to the obligee spouse/domestic partner and deductible to the obligor spouse/domestic partner. All payments terminate upon the death of either party. Judgment is entered accordingly.

#### Payments.

Spousal support payments shall be made:

- The first (or \_\_\_\_\_) day of the month following the date of the judgment and continuing on the same day of each month thereafter. **or**
  - Other date as follows \_\_\_\_\_ (date) and continuing on the same day of each month thereafter.
- All payments of spousal support shall be made: (*check (a) or (b)*)

(a)  To the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309. Co-Petitioner requests that collection, accounting, disbursement, and enforcement services be provided through the Department of Justice.

(b)  Directly into \_\_\_\_\_'s checking or savings account. A receipt of deposit shall be kept by the paying spouse/domestic partner as proof of payment. The spouse/domestic partner receiving support should provide the paying spouse/domestic partner with current deposit slips and/or bank name, account name, and account number.

**Withholding.**

If child support is also ordered in this case and if enforcement services are provided through the State of Oregon’s Department of Justice, the spousal support order shall be enforceable by income withholding under ORS 25.381.

**Life Insurance.**

Co-Petitioner, (*write name*) \_\_\_\_\_ shall buy and maintain life insurance for the benefit of  Co-Petitioner, (*write name*) \_\_\_\_\_ throughout the period of the spousal support obligation in the amount of \$ \_\_\_\_\_

**9. Real Property Distribution.**

Neither Co-Petitioner has any interest in any real property located in this or in any other state.

Co-Petitioner, (*write name*) \_\_\_\_\_  Both Co-Petitioners has/have an interest in real property located at the address of \_\_\_\_\_

This property shall be distributed as follows: \_\_\_\_\_

Additional page labeled “Paragraph 9 - Real Property Distribution continued” attached.

The legal description of the property is attached as “Exhibit \_\_\_\_” and incorporated into this Judgment.

Co-Petitioner, (*write name*) \_\_\_\_\_ shall be responsible for the preparation, signing and recording of a deed, transferring the real property as required by this judgment.

Distribution of this property is not within the jurisdiction of this court.

**10. Personal Property Distribution (including motor vehicles).**

The Co-Petitioners have divided between them all personal effects, household goods and other personal property they own separately or together, and each shall be awarded those items now in their possession.

Co-Petitioner, (*write name*) \_\_\_\_\_ is awarded the following personal property: \_\_\_\_\_

Additional page labeled “Paragraph 10 – Co-Petitioner, (*write name*) \_\_\_\_\_’s Personal Property Distribution continued” attached.

Co-Petitioner, (*write name*) \_\_\_\_\_ is awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred compensation plan, and/or stock option plan held by his/her current or past employer, free of any interest in the other party.

Co-Petitioner, (*write name*) \_\_\_\_\_ is awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred compensation plan, and/or stock option plan held by his/her current or past employer, free of any interest in the other party.

Co-Petitioner, (*write name*) \_\_\_\_\_ is awarded the following personal property: \_\_\_\_\_

Additional page labeled “Paragraph 10 - Co-Petitioner, (*write name*) \_\_\_\_\_’s Personal Property Distribution continued” attached.



**11. Distribution of Debts.**

The debts shall be paid as follows:

Name of Creditor (who money is owed to)	What Debt is For	Amount	Who shall pay (write names)

Additional page attached, labeled "Paragraph 11 - Distribution of Debts continued".

Each party shall be responsible for the payment of all debts incurred by him/her individually since the date of the separation; all debts which are distributed to him/her by the court; and all debts which are secured by property distributed to that party. Also, if any creditor asks the spouse/domestic partner not responsible for a debt to pay all or a portion of it, and s/he does so, the spouse/domestic partner responsible for that debt shall reimburse the other spouse/domestic partner for any monies s/he paid to the creditor after the date this judgment was entered.

The date of separation (when you began living apart) was: \_\_\_\_\_

**12. Transfer of Property and Debts.**

Within thirty (30) days of the date of this judgment, each party shall execute, acknowledge and deliver whatever documents are necessary to accomplish the distribution of debts and property ordered by the court. The judgment shall operate to convey title to the party awarded the property if the other party fails to comply with this requirement.

**13. Former Name.**

Co-Petitioner's former name of \_\_\_\_\_ is restored.

**14. Additional Provisions:** \_\_\_\_\_

Additional page attached labeled "Paragraph 14 - Additional Provisions continued."

**15. Court Costs and Fees.**

**A. Deferred Costs and Fees**

Any court costs and service fees (if service was completed by the Sheriff) that were deferred (required to be paid at a later date) by the court shall be paid by:

- Co-Petitioner (write name): \_\_\_\_\_
- Both parties equally
- Other: \_\_\_\_\_

**B. Costs and Fees Paid by the Parties**

- Each party shall be responsible for paying his/her own court costs and service fees for this case.
- To be paid by both parties equally

Co-Petitioner (*write name*), \_\_\_\_\_ shall reimburse the other spouse/domestic partner for his/her court costs and service fees for this case.

Other: \_\_\_\_\_

Judgment shall be entered according to the cost and fee allocation listed above.

**16. Information Required by ORS 25.020 and ORS 107.085.**

Based on a finding that the health, safety, or liberty of  Petitioner  Respondent or a child, \_\_\_\_\_, would unreasonably be put at risk by disclosure of the following information,  Petitioner  Respondent has been allowed not to disclose this information.

Both parties shall inform the Court and the Department of Justice (P.O. Box 14506, Salem, Oregon 97309) in writing of any change in the below information required by ORS 25.020 within ten (10) days of such change, unless a finding of unreasonable risk has been made in this case. If the court has ordered that a party be allowed not to disclose information, the Department of Justice or the District Attorney shall not disclose the information in the following section to the other parent.

Otherwise:

	Petitioner	Respondent
Full Name		
Former Legal Name(s)	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Age		
Address or Contact Address		
Telephone Number		
Social Security Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Driver License Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Name	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Address	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Telephone	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).

Additional page labeled "Paragraph 16 - Required Information continued" attached.

Date of marriage/domestic partnership: \_\_\_\_\_.

Place of marriage/domestic partnership: \_\_\_\_\_.

**17. Money Award.** Child Support Obligation  included  not included.

Spousal Support  included  not included.

Additional information	PETITIONER	RESPONDENT
Full Name		
Address or Contact Address		
Attorney's Name, Telephone Number and Address (if applicable)		
Year of Birth		
Last Four Digits of Driver License Number and State of Issuance		
Last Four Digits of the Support Obligor's Social Security Number		

**The following information is to be provided by any party entitled to receive a money award (a "judgment creditor") as listed in this Judgment.**

Others Entitled to Portions of Judgment Payable to PETITIONER	The following person(s) or public bod(ies) are known by Petitioner to be entitled to a portion of a payment made on the judgment (other than Petitioner's attorney): <input type="checkbox"/> None or <input type="checkbox"/> _____
Others Entitled to Portions of Judgment Payable to RESPONDENT	The following person(s) or public bod(ies) are known by Respondent to be entitled to a portion of a payment made on the judgment (other than the Respondent's attorney): <input type="checkbox"/> None or <input type="checkbox"/> _____

Type of Judgment	WHO PAYS	Amount of Judgment
Child Support Award	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____ <input type="checkbox"/> per month, of which \$ _____ is cash medical support. <input type="checkbox"/> Starting on <input type="checkbox"/> the first day or _____ (day) of the

	<b>WHO RECEIVES</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	month following the date of the judgment, <b>or</b> <input type="checkbox"/> Starting on _____(date) and continuing on the same day of each month thereafter.
Spousal Support Award	<b>WHO PAYS</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	1. \$_____ per month. <input type="checkbox"/> Starting on <input type="checkbox"/> the first day or _____(day) of the month following the date of the judgment; <b>or</b> <input type="checkbox"/> Starting on _____(date) and continuing on the same day of each month thereafter. Support will last until <input type="checkbox"/> _____(date) or the death of either party, whichever comes first; <b>or</b> 2. A lump sum payment of \$_____ to be paid by: _____(date)
	<b>WHO RECEIVES</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
<b>SPOUSAL SUPPORT PAYMENTS ARE TAXABLE TO THE OBLIGEE SPOUSE AND DEDUCTIBLE TO THE OBLIGOR SPOUSE. ALL PAYMENTS TERMINATE UPON THE DEATH OF EITHER PARTY.</b>		
Property Division (if applicable)	<b>WHO PAYS</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	1. \$_____ per month, starting on the <input type="checkbox"/> first day or <input type="checkbox"/> Other: _____ of the month following the date of the judgment until the total amount of \$_____ is paid in full; <b>or</b> 2. A lump sum payment of \$_____ to be paid by: _____(date).
	<b>WHO RECEIVES</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Prejudgment Interest (Note: ORS 21.607(1) disallows interest on fees that have been deferred.)	<b>WHO PAYS</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$_____
	<b>WHO RECEIVES</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Postjudgment Interest (Note: ORS 21.607(1) disallows interest on fees that have been deferred.)	<b>WHO PAYS</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent  <b>WHO RECEIVES</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Nine percent ( 9 %) per annum simple interest on the unpaid balance of the total judgment amount(s) of \$_____. Interest accrues from the date the judgment is entered and continues until fully paid.

Accrued Arrears (if any, on judgments to be paid on a periodic basis)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	1. \$_____ per month, starting on the <input type="checkbox"/> first day or <input type="checkbox"/> Other:_____ of the month following the date of the judgment until the total amount of \$_____ is paid in full; <b>or</b>  2. A lump sum payment of \$_____ to be paid by: _____ (date).
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Costs and Service Expenses (e.g., filing fees, hearing fees, trial fees, process fees)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$_____
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Attorneys Fees (if any)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$_____
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Circuit Court Judge

\_\_\_\_\_  
Print Name

**OPTIONAL: APPLICATION FOR FULL CHILD SUPPORT PROGRAM SERVICES:** By signing below, I apply for child support services, including enforcement, from the Child Support Program(CSP). Check the box in Paragraph 5(a) if you are requesting accounting and disbursement services only. (Note: If you never received TANF, tribal TANF or AFDC in any state, an annual \$25 fee will apply if over \$500 is collected and distributed to the family each year.)

\_\_\_\_\_  
 Co-Petitioner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
 Co-Petitioner Signature

\_\_\_\_\_  
Date

**STIPULATED GENERAL JUDGMENT OF DISSOLUTION OF MARRIAGE/DOMESTIC PARTNERSHIP [WITH CHILDREN]; AND MONEY AWARD - Page 13 of 15**

All parties have agreed (stipulated) to the terms of this judgment. (Sign before a notary public or court clerk only.)

\_\_\_\_\_  
 Co-Petitioner, Signature

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_, (date)  
by \_\_\_\_\_ (name of person(s)).

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires:\_\_\_\_\_

\_\_\_\_\_  
 Co-Petitioner, Signature

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_, (date)  
by \_\_\_\_\_ (name of person(s)).

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires:\_\_\_\_\_

If applicable, child who is at least 18 and under 21 years of age, has agreed (stipulated to the terms of this judgment): (sign only your name)

\_\_\_\_\_  
 Child, Signature

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_, (date)  
by \_\_\_\_\_ (name of person(s)).

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires:\_\_\_\_\_

///

**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:**

---

Co-Petitioner, Signature Print Name

---

Address or Contact Address City, State, Zip Telephone or Contact Telephone

---

Co-Petitioner, Signature Print Name

---

Address or Contact Address City, State, Zip Telephone or Contact Telephone

**I certify that this is a true copy:**

---

Co-Petitioner Signature