



8. By filing this petition, I acknowledge I am bound by the terms of the statutory restraining order prohibiting either party from disposing of marital assets, a copy of which I have received and read, and understand that this restraining order is effective immediately upon service of this petition and the summons upon the Respondent.

9. Neither party is now pregnant.

10. **Spousal Support and Life Insurance.**

I give up all rights I may have to spousal support and waive any right to temporary orders as part of this proceeding, except those under ORS 107.700 to 107.730 (the Family Abuse Prevention Act) or ORS 124.005 to 124.040 (the Elderly Persons and Persons With Disabilities Abuse Prevention Act).

11. **Real Property.**

Neither Petitioner nor Respondent has any interest in any real property.

12. **Personal Property (combined net value of \$30,000 or less, including motor vehicles and retirement accounts).**

The Petitioner and Respondent 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.

The Petitioner should be awarded:  an equitable distribution of the parties' personal property, or  the following personal property: \_\_\_\_\_

Additional page attached; see section labeled "12. Petitioner-Personal Property continued."

The Petitioner should be awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred-compensation plan, and /or stock option plan free of any interest of the Respondent.

The Respondent should be awarded:  an equitable distribution of the parties' personal property, or  the following personal property: \_\_\_\_\_

Additional page attached; see section labeled "12. Respondent-Personal Property continued."

The Respondent should be awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred-compensation plan, and /or stock option plan free of any interest of the Petitioner.

13. **Distribution of Debts. (under \$15,000)**

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

The debts should be paid as follows:

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Name of Creditor (who debt is owed to)	What debt is for	Amount	Who should pay (Petitioner or Respondent)

Additional page attached, labeled, "13. Debts continued."

Each party should be responsible for the payment of all debts incurred by the parties individually since the date of the separation (*write date*), \_\_\_\_\_, all debts which are distributed to that party by the court, and all debts which are secured by property distributed to that party. If any creditor requires a party to pay all or a portion of a debt for which the other party is responsible by order of the court in this action, and he or she does so, the party responsible for that debt shall reimburse the paying party for any monies he/she pays to the creditor after the date a final judgment is entered.

**14. 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 party awarded the property if the other party fails to comply with this requirement.

**15. Former Name.**  Petitioner's  Respondent's former name of \_\_\_\_\_ should be restored.

**16. Information Required by ORS 107.085.**  Disclosure of the following information would unreasonably put to risk the health, safety, or liberty of  Petitioner  Respondent for the following reasons: \_\_\_\_\_

Otherwise:

	Petitioner	Respondent
Full Name		
Former Legal Name(s)	Not listed here. Listed in UTCR 2.130 CIF form.	Not listed here. Listed in UTCR 2.130 CIF form.
Age		
Address or Contact Address		
Telephone Number		

	Petitioner	Respondent
Social Security Number	Not listed here. Listed in UTCR 2.130 CIF form.	Not listed here. Listed in UTCR 2.130 CIF form.
Driver License Number	Not listed here. Listed in UTCR 2.130 CIF form.	Not listed here. Listed in UTCR 2.130 CIF form.

**17. Court Costs and Fees.**

**A. Deferred Costs and Fees**

- Each party should be responsible for paying his or her own deferred court costs and service fees for this case.
- 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:  Petitioner  Respondent
- Both parties equally.  Other: \_\_\_\_\_

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

- Each party should be responsible for paying his or her own court costs and service fees for this case.
- To be paid by both parties equally
- Petitioner  Respondent should reimburse the other party for his or her court costs and service fees for this case.
- Other: \_\_\_\_\_

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

**18. NOTICE - Application for Waiver of 90-Day Waiting Period .** If the Parties have signed a stipulated judgment or if there is an emergency/necessity, the Petitioner may, without further notice to the Respondent, apply for a Waiver of the 90 Day Waiting Period.

**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.

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

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

\_\_\_\_\_  
Petitioner's Signature

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

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

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

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

STATE OF OREGON )

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

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_.

(Print Name of Petitioner)

\_\_\_\_\_  
NOTARY PUBLIC FOR OREGON/COURT CLERK

My commission expires: \_\_\_\_\_

**I certify that this is a true copy.** \_\_\_\_\_  
Petitioner (signature)