

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

In the Matter of the Marriage/Domestic Partnership of: _____,
and _____,
Co-Petitioner,
Co-Petitioner.

Case No. _____

CO-PETITIONER'S AFFIDAVIT
SUPPORTING STIPULATED
JUDGMENT OF DISSOLUTION/
DOMESTIC PARTNERSHIP

We, _____, and _____, being first duly sworn, say: we are the Co-Petitioners in this proceeding. Date of marriage/domestic partnership: _____. Place of marriage/domestic partnership (*county and state*): _____.

Irreconcilable differences between the spouses/partners have caused the irremediable breakdown of the marriage/domestic partnership.

Spouses: I certify that one or both of the parties to this case currently live in the county in which the petition was filed. One (*enter name*) _____ or both Co-Petitioners is/are (an) Oregon resident/s and has/have continuously resided in Oregon for the past six months immediately prior to commencement of this suit.

Domestic Partners: I certify that one or both of the parties to this case currently live in the county where the petition was filed, or neither party currently resides in Oregon but the petition was filed in the county where Co-Petitioner _____ last resided.

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

There are no children under the age of 18 to this marriage/domestic partnership, **AND** no child of this marriage/domestic partnership is age 18 to 20 and a "child attending school" as defined in ORS 107.108.

The wife is not now pregnant.

This case is now ready for a hearing on the merits. We make this affidavit in support of a Stipulated Judgment of Dissolution of Marriage/Domestic Partnership without a hearing. The allegations in our Petition are true, and it is just and reasonable the relief requested in the proposed stipulated judgment be granted.

The request for spousal support is supported by the following facts: _____

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.

STATE OF OREGON)
)
County of _____)

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: _____

STATE OF OREGON)
)
County of _____)

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: _____