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

In	the Matter of the Marriage of:)			
	_) Case No			
	Petitioner,) PETITION FOR DISSOLUTION OF MARRIAGE/ DOMESTIC PARTNERSHIP			
	and) DOMESTIC RELATIONS CASE SUBJECT) TO FEE UNDER ORS 21.111			
	Respondent.) CLAIM □ SUBJECT □ NOT SUBJECT TO MANDATORY ARBITRATION))			
)			
of	ild who is at least 18 and under 21 years age, unmarried and unemancipated. RS 107.108))))			
1.	Date of marriage/domestic partnership Place of marriage/domestic partnership:				
2.	Irreconcilable differences between the parties have caused the irremediable breakdown of their marriage/domestic partnership.				
3.	Certificate of Residency: 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.				
4.	The \square Petitioner \square Respondent is an Oregon resident and has continuously resided in Oregon for the passix months.				
5.	By filing this petition, I acknowledge that	t I am bound by the terms of the statutory restraining order			

service of this Petition and the Summons upon the Respondent.

prohibiting either party from disposing of marital/domestic partnership assets, a copy of which I have received and read, and understand that this restraining order is effective immediately upon

Na	nme	Date of Birth	Social Security No.	Ad	ddress
	th th C	o not list here. List the information on the UTCR 2.130 onfidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confi- dential Information Form (CIF).		
	th th C	o 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 Confi- dential Information Form (CIF).		
	th th C	o not list here. List the information on the UTCR 2.130 confidential Informa- tion Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confi- dential Information Form (CIF).		
☐ Addition	al page attached	; labeled "Paragra	ph 6 continued."		
. Child/r List a arent of, an UCCJE	A Information.	g Marriage/Dome on during the marriconceived when humans (Name(s)) ed above has/hav	and Years(s) of birt	hestic partners wer h) ded in Oregon fo	
_	_	•	lived with at that ti	-	
Dates From/To	County, State	Parent(s)/Caret		ddress/Contact Parent/Caretaker	Which Children
	1 4 1 1	· see section labels	ed "paragraph 8 cont	tinued "	
☐ Addition	ai page attached	, see seemon labele	tu paragraph o com	illucu.	

		d in any litigation conc other state. I have parti		visitation, parenting time ving litigation:
Name of Court	State	Case No.	Date	Result
roceeding involving t	he child/ren, or of	atic violence, custody, vany other court case w	hich could affect thi	time or placement s case, pending in this or
	(Identify o	ourt, case number and the l	kind of proceeding)	
	• •	er than my spouse/dom visitation or parenting	•	s physical custody of the
ma/ren or who claim	is to have custody,	visitation of parenting	ume rights —exect	n 101.
		(List name and addre	ss)	
☐ Petitioner sl	child/ren should b nould be awarded s	e awarded as follows: sole custody of the follo		·
☐ Respondent	should be awarded	d sole custody of the fo	llowing child/ren (li	ist names):
☐ The parties	have agreed to joir	nt custody of the follow	ing child/ren (list no	ames):
☐ Petitioner tached Parenting Pla	-	ould have parenting time, or Other:	e with the child/ren	☐ as set forth in the
	-		_	his would endanger the
☐ Parenting ti	me should be super	rvised by Datition	nan Dasmandan	at 🗆 Other:
☐ Any cost of	the supervision sn	an be paid by \square Penno	oner \square Responden	ıı 🗆 Otner:
ne other and notify ea	ch other of any em nould be allowed to	ergency circumstances o move more than 60 m	or substantial chang	ntact telephone numbers t ges in the child/ren's heal from the other parent
// // //				

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

A.	Other	Pending Child Support Cases. (Check one.)	
	sup	No other agency or court child support proceeding is currently pending (include any child port matter being heard as part of a dissolution, separation, annulment, paternity, support or diffication case).	
	case	There is/are other child support proceeding(s) currently pending in either an agency or court e as set forth in the CERTIFICATE RE: PENDING CHILD SUPPORT PROCEEDING /or EXISTING CHILD SUPPORT ORDER attached to this petition.	
В.	Other (Child Support Orders. (Check one.)	
\Box No other child support orders, from an agency or court, are currently in effect in the			
		te of Oregon or any other state.	
	CE	There is/are other child support orders from an agency or court as set forth in the RTIFICATE RE: PENDING CHILD SUPPORT PROCEEDING and/or EXISTING CHILD PPORT ORDERS/JUDGMENTS attached to this petition.	
C	Currer	tly Effective Child Support Order. (Check any that apply.)	
C.		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 \square and includes provisions for medical support for the d/ren, or	
		Γhis order is from an Oregon court or agency, one of the parents or the child/ren receiving	
	sup	port still resides in Oregon and the order should be changed because circumstances have nged since the last order was entered.	
		te facts showing how circumstances have changed:	
D.		Child Support.	
	Cor	mplete <u>either</u> (1) or (2) below:	
	(1)	☐ Cash child support should be paid by ☐ Petitioner to Respondent (or) ☐ Respondent to Petitioner beginning on the ☐ first or ☐	
		☐ Determined under the Oregon child support guidelines prior to judgment.	
		☐ The amount of support presumed correct under the guidelines would be unjust or	
		inappropriate because (The reasons must also be shown on the support worksheets you attach to this petition.)	
	(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. Medica	l Support. Complete section (1) or (2) below. Also complete section (3) or (4) below.				
	Private Health Care Coverage is Appropriate and Available. □ Petitioner □ Respondent □ Both Petitioner and Respondent has/have appropriate private health care coverage available for the parties' child/ren through an employer, spouse, domestic partner or other source. □ Petitioner □ Respondent □ Both Petitioner and Respondent 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 in paragraph				
(2)	No Private Health Care Coverage is Appropriate or Available. ☐ Neither Petitioner nor Respondent has appropriate private health care coverage available for the parties' child/ren. ☐ Petitioner ☐ Respondent ☐ Both Petitioner and Respondent 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 the child/ren in public health care coverage. □ The child/ren are currently enrolled in public health care coverage. 				
	mplete (3) or (4): 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 □ Petitioner □ Respondent should pay \$ for cash medical support to □ Petitioner □ Respondent, or				
	□ Neither parent has appropriate private health care coverage available for the parties' child/ren. □ Petitioner should pay cash medical support in the monthly amount of \$ to Respondent. □ Respondent should pay cash medical support in the monthly amount of \$ to 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. ☐ Petitioner's ☐ Respondent's gross monthly income is at or below the Oregon minimum wage for full-time employment or is eligible for Oregon public assistance. ☐ I am requesting that the parties share the cost of the child/ren's uninsured medical expenses (see paragraph G. below). ☐ Out				
	Other reason:				

///

Acco (EPV) the a	☐ 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 <u>not</u> being provided.) Petitioner requests an exception to the income withholding requirement of ORS 25.378 allowing payment to be made directly to ☐ Petitioner's ☐ Respondent's checking or savings account of deposit should be kept by the parent paying support as proof of payment. The parent receives support should provide the paying parent with current deposit slips and/or bank name, account and account number.					
F. RESPONSIBILITY FOR UNINSURED HEALTH EXPENSES. □ Petitioner should pay% □ and Respondent should pay% of the reasonably incurred uninsured HEALTH, ACCIDENT, DENTAL, ORTHODONTIC, A OPTICAL HEALTH costs incurred by the child/ren. □ This obligation is in addition to cash medical support ordered.					
G. The support payments for each child should continue until the child reaches 18 year otherwise emancipated, or until the child reaches age 21, so long as the child is a strattending school, as defined by Oregon law.					
н.	TAX DEPENDENTS. (Check one.) □ Petitioner □ Respondent 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):				
☐ Po	surance Coverage for Child/ren. etitioner Respondent should obtain and maintain life insurance for the benefit of the parties' oughout the period of the support obligation. The coverage should be in the amount of				
12. Additio	onal Provisions.				
☐ Addition	nal page attached; labeled "Paragraph 12 Continued - Additional Provisions."				
\square N	I Support and Life Insurance. To spousal support or spousal life insurance claims are made in this case. The spousal support or spousal life insurance claims are made in this case. The spousal support and Life Insurance.				
14. Real Pro N state.	operty. feither Petitioner nor Respondent has any interest in any real property located in this or any other				
□ Pe	etitioner \square Respondent has/have an interest in real property located at the address of:				

This property should	be distributed: ☐ equitably,	or \square as follows:			
☐ Additional page labeled "Paragraph 14 - Real Property Distribution continued" attached.					
☐ The legal descript: petition.	ion of the real property is att	ached as Exhibit	and incorporated in this		
☐ Distribution of thi	s property is not within the j	urisdiction of this cou	rt.		
other personal property they of the other.	Respondent have divided be own separately or together, \Box be awarded: \Box an equitable	and neither should cla			
☐ The Petitioner sho deferred-compensation plan, Respondent.	ould be awarded his/her retire and /or stock option plan he ald be awarded: an equita	ement benefits, pensional by Petitioner's empthemetric ble distribution of the	ployer, free of any interest in the parties' personal property, or		
☐ The Respondent sideferred-compensation plan, Petitioner. 16. Distribution of Debts.	hould be awarded his/her ret and/or stock option plan hel	irement benefits, pens d by Respondent's en	istribution continued" attached. sion plan, profit-sharing plan, nployer, free of any interest in the		
☐ There are no outst☐ The debts should l	anding debts of this marriag	e/domestic partnership	p.		
Name of Creditor (who debt is owed to)	What debt is for	Amount	Who should pay (Petitioner or Respondent)		
☐ Additional page attached	d, labeled, "Paragraph 16 co	ntinued".			

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.

 □ Petitioner's □Respondent's former name of should be restored 9. Information Required by ORS 25.020 and ORS 107.085. □ Disclosure of the following information would unreasonably put to risk the health, safety, or libert 				
	lent or child/ren			
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, Address, Phone	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	1 "Paragraph 19 continued" attached.	1		
•	l Fees service fees (if service completed by the	he Sheriff) that are deferred (required to be tioner \square Respondent \square Both parties equal		

B. Costs and Fees Paid by the Parties

☐ Each party should be responsible for pay☐ To be paid by both parties equally	ring his or her own court costs	and service fees for this case.
☐ Petitioner ☐ Respondent should reimbur	rse the other party for his or he	er court costs and service fees
for this case.		
Other:		
Judgment should be entered according to the	e cost and fee allocation listed	above.
21. Certificate of Document Preparation. You at the document you are filing with the court. Check a ☐ I selected this document for myself and I ☐ I paid or will pay money to form.	all boxes and complete all blar completed it without paid ass	nks that apply: istance.
ioiii.		
WHEREFORE, Petitioner requests a Judgm relief that the Court thinks is just.	nent granting the relief asked for	or above, and other equitable
STATE OF)		
STATE OF) ss. County of)		
County of)		
I,, being duly sworn, sa foregoing petition is true and correct to the best of i	ay that I am the Petitioner in th	is matter and that the
foregoing petition is true and correct to the best of i	my knowledge.	
	_	
Petitioner (signature)		
Print Name	_	
Address or Contact Address	_	
City, State, Zip Code	_	
Telephone or Contact Telephone	_	
receptione of Contact receptione		
CICNED AND SWODN 4- 1-5 41:-	1 £	20
SIGNED AND SWORN to before me this _ By:		, 20
<u></u>		
	Notary Public for	/Court Clerk
	My Commission Expires:	
I certify that this is a true copy:		
Petitioner (signature)		