Filing For Dissolution of Marriage/Domestic Partnership, Cases with Children Instructions for Packet 1B

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 or visit your local law library. Each court has local rules, programs and procedures that may not be explained in these instructions. 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 the parties have children.

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

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 Acknowledgment about Dissolution (Divorce/Separation) Petition for Dissolution of Marriage/Domestic Partnership Certificate re: Pending Child Support Proceedings and/or Existing Child Support Orders/ Judgments UTCR 2.130 Confidential Information Form (CIF) (<i>one for each party</i>) (REQUIRED) Notice of Filing of CIF Certificate of Mailing Summons Automatic Statutory Restraining Order Preventing Dissipation of Assets Declaration of Service/Acceptance of Service Record of Dissolution of Marriage/Domestic Partnership (<i>Vital Statistics Form</i>) 			
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When filling out the forms, follow these directions:

• You are the named "petitioner" on all court forms and your spouse/partner is the "respondent." 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 have to 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. <u>Don't sign this</u> <u>line on the original form or on your own copy</u>. You need to sign this line only on the copies that are served on your spouse/partner.

• Make yourself 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 CASE

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.

You may not know what real or personal property to ask for in the beginning because you are not sure what property you own either alone or together with the other party. Or you may not know how much spousal or child support to ask for in the beginning because you do not know how much the other party earns. The Petition provides options for either indicating a specific amount or distribution of property or, where you do not know, you may ask that these be made "equitably" (i.e., fairly) or "prior to judgment" so that you have time after filing the petition to find out what property you own or how much the other party earns. **HOWEVER**:

• if you do NOT ask for a specific amount or distribution in the Petition, or

• what you ask for in the Judgment is different from what you asked for in the Petition, **the court may require you to re-serve documents on the other party** before it will enter a final judgment. This is so that the other parent knows what is being asked for if the Judgment is different from what was in the Petition.

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 <u>http://www.courts.oregon.gov/familylaw</u>. 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.

If the parents don't agree on a parenting plan, a judge will order a parenting plan for you.

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*.

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 copies of any pre-existing child support orders (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 <u>Child Support Guidelines</u>. 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.oregonchildsupport.gov/laws

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.oregonchildsupport.gov/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 and Unemancipated Children at Least 18 and Under 21 Years of Age. Under Oregon law unmarried unemancipated children who are at least 18 and under 21 years of age are necessary parties to all family law cases involving support. The <u>Petition</u> forms that deal with support will have a line to write in the child's name, including them in the heading. The <u>Judgment</u> 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 <u>Waiver of Further Appearance and Consent to Entry of Judgment</u> 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: <u>private</u>, such as insurance available through employment, and <u>public</u>, 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.

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/partner 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/partner. Spousal maintenance may be ordered for the support of one spouse/partner. 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*).

Property and Debts – Statutory Restraining Order. Oregon law requires both Petitioner and Respondent 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 petition, you agree to be bound by the terms of this order.** The order is effective on both the petitioner and the respondent once the notice has been served on the respondent. You may request a hearing if you object to the terms of the Statutory Restraining Order (see Packet 1BC for a Request for Hearing Form). If you violate the order, you may be subject to sanctions. You must attach a copy of the "*Notice of Statutory Restraining Order Preventing the Dissipation of Assets in Domestic Relations Actions*" (see Packet 1BC) to the Summons and serve it on the Respondent.

For information about property and debt issues, talk to a lawyer and/or go to the Oregon State Bar's web site (*www.osbar.org*), "Legal Links" and read under "Oregon's Laws" the sections on "Bankruptcy and Credit," "Real Estate," and "Taxes." If either spouse/partner 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*).

If Both Spouses/Partners Already Agree.

There are two ways to handle your case if both spouses/partners agree on <u>all</u> issues: (1) one spouse/partner can file as petitioner, the other spouse/partner can accept service of the petition and not file a response (if there is no disagreement with what the petitioner requested in the petition) and judgment will be entered based on what was stated in the petition, or (2) the parties can file as co-petitioners (see Packet #9). Forms to file as co-petitioners may also be available through your local court, courthouse facilitator and/or attorney.

If your spouse/partner (the respondent) does not agree with you at first and files a response, then later decides that what you requested in the petition is okay, he or she can file a <u>Waiver of Further Appearance and</u> <u>Consent to Entry of Judgment</u> form to avoid having to go through the court process further. Your local courthouse facilitator can help you with this process. If your spouse/partner is willing to accept service, s/he must fill out the <u>Acceptance of Service</u> form, sign it in front of a notary or court clerk, then file it with the court. It is not necessary that your spouse/partner agree with what is in the papers, just that he/she is willing to acknowledge receipt of them.

Filling out the Forms.

To get the divorce case started, fill out the first set of forms, file them with the clerk and have your spouse/partner "served" (have the papers delivered to your spouse/partner).

Fill out the following forms.

- Acknowledgment about Dissolution
- Petition for Dissolution of Marriage
- Summons
- 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/partner is receiving public assistance)
- Record of Dissolution of Marriage (Vital Statistics form)

Confidential Personal Information.

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

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. 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. 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.

Make copies.

Make one copy of all of the forms for your records, and one copy of the *petition, summons, and Notice of CIF Filing* to serve on (deliver to) your spouse/partner.

If either you or your spouse/partner 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://www.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.

File the forms.

File all of the original forms that are listed above with the court clerk except the summons. 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 to be served on your spouse/partner. You aren't required to serve the copy of ORS 107.089 on your spouse/partner, but if you do, both spouse/partners must follow what it says.

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.

Have your spouse/partner served.

You are required to have your spouse/partner served (have papers delivered to) with (a) copies of the documents given to you by the clerk, including the Statutory Restraining Order described above on page 4, and (b) certified copies of the petition and summons (you may certify the copies by signing your name where it says "I certify this is a true copy").

If your spouse/partner is willing to accept service, s/he must fill out the <u>Acceptance of Service</u> form, sign it in front of a notary or court clerk, then file it with the court. It is not necessary that your spouse/partner agree with what is in the papers, just that he/she is willing to acknowledge receipt of them.

If the other party will not complete the <u>Acceptance of Service</u> form, YOU CANNOT SERVE THE PAPERS YOURSELF. You may have service completed by the Sheriff in the county where your spouse/partner lives, by a private process server, or by another individual who is a competent person 18 years or older, an Oregon resident (or of the state where service is made) and not a party nor an attorney for a party. Caution should be used before asking a friend or relative to serve the papers if your spouse/partner might react angrily or violently. <u>A Declaration of Service along with the original summons must be filed with the court after service has been made</u>.

The best way to serve the other party is to have the person serving the papers hand them directly to the respondent (personal service). If personal service cannot be done, there are other ways to serve the papers including "substitute service," "office service," and "service by mail" — see the Table below. You may ask the Sheriff or a private process server about these other options or consult an attorney.

Standard Methods of Service		
Personal Service	Delivery of papers directly to the other party	
Substitute Service	Delivery of papers to a person <u>living</u> at the other party's home who is at least 14 years old, PLUS mailing of the documents to the other party's home address by first class regular mail	
Office Service	Delivery of papers to a person who appears to be in charge at the other party's place of employment (who has a business duty to give the documents to the other party), done during working hours, PLUS mailing of the document to the home or business address of the other party by first class regular mail	
Service by Mail (Return Receipt Requested)	Delivery by mailing the documents certified or registered, return-receipt requested, or by Express mail, PLUS mailing of documents to home or business address of the other party by first class regular mail, PROVIDED the other party signs the "return receipt."	

If you are not able to have your spouse/partner served by any of the methods described above, you may ask a judge to allow you to use another service method. The judge might allow you to publish, post or mail the documents. In order to make this request, check with your local court for the appropriate form or use <u>Packet</u> <u>6A-Alternative Form of Service</u>.

<u>Serving Children Who are Necessary Parties.</u> Because all unmarried, unemancipated children at least 18 and under 21 years of age are necessary parties to the case, they must also be served. Follow the same steps for serving your spouse/partner for serving children who are parties to the case.

STEP 2: WAITING FOR A RESPONSE; TAKING A DEFAULT

Oregon law gives your spouse/partner 30 days to respond to your petition. The time starts running from the date of service. The response must be written and must be filed with the required filing fee. Your spouse/partner may ask the court to waive or defer the fee.

If your Spouse/Partner is in the Military.

If your spouse/partner is in the active military service of the United States and has not responded to the petition, you may have to go through some extra steps. The court won't go further with your case until <u>one</u> of the following things has happened: (1) your spouse/partner is no longer in the active military, (2) your spouse/partner has waived his or her rights using the <u>Waiver of Right to Stay of Proceedings</u> form, <u>or</u> (3) the judge holds a special hearing in your case. You may get a <u>Waiver of Right to Stay of Proceedings</u> form from the courthouse facilitator or use Form #6G. You may need to talk to an attorney if your spouse/partner is not willing to sign the waiver.

Check for Response.

Your spouse/partner should mail or deliver a copy of his or her response to you when it is filed with the court. If you haven't received a copy of a response after 30 days from the date of service, you may check with

the court clerk to see if one has been filed. If no response has been filed, you may request a "default order." A default means that you may ask the court to enter a judgment giving you the items you asked for in your petition, with no input from your spouse/partner. If a response has been filed, you will not be allowed to take a default and you will skip the next two sections about requesting a default and go straight to step 3.

No Response Filed; Requesting a Default.

To ask the court to enter a default, you must fill out the following forms:

- Ex Parte Motion for Order of Default
- Declaration in Support of Motion for Order of Default
- Order of Default

After you make yourself a copy of the completed forms, you may file the original with the court anytime after 30 days have expired from the date of service.

STEP 3: RESOLVING YOUR CASE

Temporary Orders.

You may ask the court to make temporary orders after the petition is filed. Temporary orders are in effect once signed by the judge and last until changed by the judge or until the final judgment is signed by a judge or the case is dismissed. For example, either spouse/partner may request an order for spousal or child support, an order requiring one spouse/partner to move out of the family home or an order preventing either party from interfering with the child/ren's regular living arrangement and schedule. To make any of these requests, file a "motion" (request) asking the court to do what you want. You may need the assistance of an attorney to file these requests.

Unless your court requires you to use a different form, you may use <u>Packet 6B</u>, <u>Status Quo Order</u> <u>Application Packet</u> to ask the court to order that neither parent change the child/ren's usual place of residence, change the child/ren's regular routine, or interfere with the other parent's usual contact with the child. In addition, all courts have restraining order forms for cases involving domestic violence. A restraining order can usually be obtained within a day or two of filing if there has been abuse in the last 180 days and if there is further danger of abuse. Check with your local court about forms and filing instructions.

Working Toward Agreement.

The court wants to help you resolve the issues that you and your spouse/partner disagree on. You may discuss these issues with your spouse/partner directly if it is safe for you to do so and if no court order prohibits that contact. You may also discuss them with your spouse's/partner's's attorney. If you can't resolve the issues on your own, the court may provide a number of options to help you, including mediation, arbitration and custody/parenting time evaluation.

Mediation. A mediator is a person trained to help people resolve disagreements. You and your spouse/partner may be required to meet with a mediator if you don't agree on a "parenting plan" (who has custody and parenting time (visitation) with the child/ren and how decisions about the child/ren will be made). You may ask to meet with the mediator alone if you are uncomfortable meeting with the other parent for any reason. There is usually no fee for this service. If mediation has not yet been ordered in your case and you would like to request it, you may file a <u>Request for Mediation</u> (see Form #6H or your **local court's form**). You may request that the mediation requirement be waived if you have a good reason, by filing a <u>Motion and Affidavit for Waiver of Mediation</u> (see Form #6I). For example, if there has been domestic violence, the court will consider a request to waive the mediation requirement.

You may also meet with a mediator to resolve the financial issues in your case. Many courts have a list

of mediators qualified to mediate these cases. Check with your local court clerk to see if there is a fee for this service.

Arbitration. Some courts refer spouses/partners who disagree on how to divide their property to an arbitrator. The court may also ask the arbitrator to resolve spousal support issues. An arbitrator is a lawyer appointed by the court who meets with both spouses/partners and their lawyers, if they are represented, and makes a decision about how the property should be divided. Both spouses/partners are required to pay for this service unless the court has specifically waived or deferred the arbitrator's fee. If either spouse/partner disagrees with the arbitrator's decision, he or she can ask the court for a trial. If a trial is not requested, the arbitrator's decision is final unless both spouses/partners agree on another resolution.

Custody/Parenting Time Evaluation. If parents can't agree on a parenting plan, sometimes the court refers the case to a custody or parenting time evaluator. After interviewing each parent and doing other research, the evaluator will make a recommendation to the judge about which parent should have custody and what the parenting plan should be. The evaluator will consider factors that might affect a child's safety, such as domestic violence, substance abuse, child abuse or other circumstances. Many courts require that the parties pay for all or part of the evaluation.

STEP 4: FINALIZING YOUR DIVORCE

A divorce is "final" on the date the judgment of dissolution (divorce) is signed by a judge. If there are still items that you don't agree on before the judge signs, the court will probably set a date for a "final hearing" or trial. Some judges may want you to attend a "settlement conference" (a meeting between the parties to discuss settlement, usually led by a different judge than your trial judge) to help you come to an agreement.

Forms to Finalize Your Divorce.

The following forms are required to finalize your divorce:

- General Judgment of Dissolution (Divorce)
- Petitioner's Affidavit Supporting Judgment of Dissolution

If your spouse/partner did not file a response and the court has entered an Order for Default, or if your spouse/partner responded and then filed a Waiver of Further Appearance and Consent to Entry of Judgment form, or if your spouse/partner has signed the Judgment, you will also need the following:

- Motion for Order Allowing Entry of Judgment on Affidavit in Lieu of Hearing
- Order Allowing 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.

• Uniform Support Declaration. This form is only required if a response was filed <u>and</u> you and your spouse/partner do not agree on spousal or child support. You aren't required to complete the schedules on the form unless one spouse/partner asks for spousal support or a "deviation" (different amount than what was calculated using the child support guidelines) from the child support guidelines.

• Waiver of Personal Service. After the judgment is signed, if one spouse/partner doesn't do what

it says, the other spouse/partner may ask the judge to enforce the judgment. The spouse/partner asking for enforcement is required to personally serve (deliver) the other spouse/partner with notice of this request. If you would like to keep your home address confidential, you may file this form listing another address for service. You are responsible for making sure you get all papers delivered to the address you list. Form #6D contains a form for waiver of personal service, or use the form required by your court, if different.

The Final Judgment.

The judgment finalizes your divorce and contains all of the issues decided in mediation, arbitration, hearing, or through your agreement. Check with your local court to determine whether you should complete this form, or whether the judge will fill it out. If both spouse/partners agree on all issues, it may be prepared by either s as long as it is reviewed and signed by both spouses/partners. If the spouses/partners don't agree on all issues, the judge may direct one spouse/partner to fill out the judgment.

If your spouse/partner didn't file a response, the information you fill out in the final judgment must be the same as what you requested in the petition. If your spouse/partner filed a response, the information must be the same as was decided in mediation, arbitration, hearing or through your agreement.

If you are responsible for filling out and filing the final judgment, make a copy for yourself and one for your spouse/partner (unless he or she didn't file a response), 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 matter of \Box the Marriage/)
Separation of:)
)
,) Case No
Petitioner)
) ACKNOWLEDGMENT ABOUT
and) DISSOLUTION/SEPARATION
)
,)
Respondent.)

I, _____, am filing for dissolution/separation without full representation of an attorney.

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

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

- Custody/parenting time of minor children <u>who have not been living</u> 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.

I understand that I am responsible for all information that I provide on these forms and any changes I make to the printed language.

I understand that if my spouse/partner contests the dissolution/separation (files court papers disagreeing with what I ask for), I should see an attorney immediately.

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

Signature

Print Name

Contact Address

Contact Telephone

In the Matter of the Marriage of:)
) Case No
, Petitioner,) PETITION FOR DISSOLUTION OF
) \Box MARRIAGE \Box DOMESTIC PARTNERSHIP
and) DOMESTIC RELATIONS CASE SUBJECT
) TO FEE UNDER ORS 21.111
,)
Respondent.) CLAIM \Box SUBJECT \Box NOT SUBJECT TO
) MANDATORY ARBITRATION
and)
)
)
□,)
Child who is at least 18 and under 21 years)
of age, unmarried and unemancipated.)
(ORS 107.108))
1. Date of marriage/domestic partnership	. Place of marriage/domestic partnership:

(County, State).

2. Irreconcilable differences between the parties have caused the irremediable breakdown of their marriage/domestic partnership.

3. Certificate of Residency:

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

<u>Domestic Partnership Only</u>: 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 \Box neither party currently resides in Oregon but I certify that this petition is filed in the county where \Box Petitioner or \Box Respondent last resided.

- 4. The \Box Petitioner \Box Respondent is an Oregon resident and has continuously resided in Oregon for the past six months.
- 5. By filing this petition, I acknowledge that I am bound by the terms of the statutory restraining order 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 service of this Petition and the Summons upon the Respondent.

6. Children Born to Both Parties.

Name	Date of Birth	Social Security No.	Contact Address
	Do not list. Provide by UTCR 2.130 CIF	Do not list. Provide by UTCR 2.130 CIF	
	Do not list. Provide by UTCR 2.130 CIF	Do not list. Provide by UTCR 2.130 CIF	
	Do not list. Provide by UTCR 2.130 CIF	Do not list. Provide by UTCR 2.130 CIF	

□ Additional page attached; labeled "Paragraph 6 continued."

 \Box Petitioner \Box Respondent is pregnant. \Box Petitioner \Box Respondent \Box is \Box is not the parent of this child.

The expected date of the child's birth is ______

 \Box Neither party is now pregnant.

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

List any child/ren born during the marriage/domestic partnership that spouse/domestic partner is not the parent of, and that were not conceived when husband and wife/domestic partners were living together:

(List name/s and year/s of birth.)

8. UCCJEA Information.

\square The child/ren listed above 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 has/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 Contact Address of Parent/Caretaker	Which Children

□ Additional page attached; see section labeled "paragraph 8 continued."

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

Name of Court	State	Case No.	Date	Result

I 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 \Box except for:______

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

I do not know any person other than my spouse/domestic partner who has physical custody of the child/ren or who claims to have custody, visitation or parenting time rights □except for:

(List name and contact address)

9. Parenting Plan (Custody and Parenting Time).

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

□ Petitioner should be awarded sole custody of the following child/ren (*list names*):_____

□ Respondent 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*):_____

 \Box Petitioner \Box Respondent should have parenting time with the child/ren \Box as set forth in the attached Parenting Plan, labeled Exhibit ____, or \Box Other: _____

□ Petitioner □ Respondent should not be granted parenting time because this would endanger the health and safety of the child/ren. State supporting facts: _____

□ Petitioner and Respondent 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.

 \Box Petitioner 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.)

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

PETITION FOR DISSOLUTION OF MARRIAGE/DOMESTIC PARTNERSHIP - PAGE 3 OF 10 Disso 1B: Petition1BVer12.doc (7/2012)

□ 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.

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*)

 \Box This order should remain in place, <u>or</u>

 \Box 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 $\underline{either}(1)$ or (2) below:

(1) \Box Cash child support should be paid by \Box Petitioner to Respondent (or) \Box Respondent to Petitioner:

\Box In the amount of \$	_for	_children.	This is the amount presumed correct
under the Oregon child support	guidelir	nes. or	

\Box In the amount of \$	for	children.	The amount of support presumed correct
under the Oregon child support	guideli	ines, \$, 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 \Box In an amount to be determined under the Oregon child support guidelines before judgment.

The judgment entered in this case should require \Box Petitioner \Box Respondent to pay cash child support beginning on:

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

 \Box The date Respondent was served with this petition and continuing on the same day of each month thereafter.

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

 \Box An order, \Box including medical support, for child support in the monthly amount of

_____in _____County, Oregon.

Other reason:	

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

<u>Complete (1) or (2)</u>:

(1) **<u>Private Health Care Coverage is Appropriate and Available.</u>**

 \Box Petitioner \Box Respondent \Box 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. \Box Petitioner \Box Respondent \Box 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.

 \Box Health care coverage has already been ordered in another case as described in paragraph D(2) above.

(2) <u>No Private Health Care Coverage is Appropriate or Available.</u>

 \Box Neither Petitioner nor Respondent has appropriate private health care coverage available for the parties' child/ren. \Box Petitioner \Box Respondent \Box 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.

 \Box The custodial parent should enroll the child/ren in public health care coverage.

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

<u>Complete (3) or (4)</u>:

(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 □ Petitioner □ Respondent should pay \$_____ for cash medical support to □ Petitioner □ Respondent, or

(4) Cash Medical Support Should Not Be Ordered.

- \Box Cash medical support should not be ordered for the following reasons:
 - \Box The parent paying cash child support is also providing health care coverage.
 - \Box Petitioner's \Box Respondent's gross monthly income is at or below the Oregon

minimum wage for full-time employment or is eligible for Oregon public assistance.

 \Box I am requesting that the parties share the cost of the child/ren's uninsured medical expenses (see paragraph G. below).

Other reason:

 \Box All payments of child support should be made to the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309 \Box 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 \Box Petitioner's \Box Respondent'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. <u>RESPONSIBILITY FOR UNINSURED HEALTH EXPENSES.</u>

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

G. <u>LENGTH OF CHILD SUPPORT.</u>

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

- □ The support ordered in paragraphs D., E., and F. above for each child shall continue until the child reaches eighteen (18) years of age.
- □ The support ordered in paragraphs D., E., and F. above for each child shall continue until the child reaches age 21 if the the child qualifies for support as a child attending school as defined by Oregon law.

H. <u>TAX DEPENDENTS.</u> (Check one.)

 \Box Petitioner \Box 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*): _____

11. Life Insurance Coverage for Child/ren.

 \Box Petitioner \Box Respondent 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.

 \Box No spousal support or spousal life insurance claims are made in this case.

□ Additional page attached, see Page 7a labeled "Spousal Support and Life Insurance."

14. Real Property.

 \Box Neither Petitioner nor Respondent has any interest in any real property located in this or any other state.

□ Petitioner □ Respondent has/have an interest in real property located at the address of:_____

This property should be distributed: \Box equitably, or \Box as follows: _____

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

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

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

15. Personal Property (including motor vehicles).

 \Box 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: \Box an equitable distribution of the parties' personal property, or \Box the following personal property: ______

□ Additional page labeled "Paragraph 15 - Petitioner's Personal Property Distribution continued" attached.
 □ The Petitioner should be awarded his/her retirement benefits, pension plan, profit-sharing plan,

deferred-compensation plan, and /or stock option plan held by Petitioner's employer, free of any interest in the Respondent.

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

Additional page labeled "Paragraph 15 Respondent's Personal Property Distribution continued" attached.

 \Box The Respondent should be awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred-compensation plan, and/or stock option plan held by Respondent's employer, free of any interest in the Petitioner.

16. Distribution of Debts.

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

 \Box The debts should be paid as follows:

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

□ 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.

□ Petitioner's □Respondent'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 \Box Petitioner \Box Respondent or child/ren _____ for the following reasons:

	nformation in the table below) Petitioner Respondent		
Full Name			
Former Legal Name(s)	Do not list. Provide by UTCR 2.130 CIF	Do not list. Provide by UTCR 2.130 CIF	
Age			
Contact Address			

	Petitioner	Respondent	
Telephone Number			
Social Security Number	Do not list. Provide by UTCR 2.130 CIF	Do not list. Provide by UTCR 2.130 CIF	
Drivers License Number	Do not list. Provide by UTCR 2.130 CIF	Do not list. Provide by UTCR 2.130 CIF	
Employer Name	Do not list. Provide by UTCR 2.130 CIF	Do not list. Provide by UTCR 2.130 CIF	
Employer Address	Do not list. Provide by UTCR 2.130 CIF	Do not list. Provide by UTCR 2.130 CIF	
Employer Telephone	Do not list. Provide by UTCR 2.130 CIF	Do not list. Provide by UTCR 2.130 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: \Box Petitioner \Box Respondent \Box Both parties equally \Box 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.

 \Box To be paid by both parties equally

 \Box Petitioner \Box Respondent should reimburse the other party for his or her court costs and service fees for this case.

 \Box Other: ____

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

21. 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.

///

///

///

///

///

WHEREFORE, Petitioner requests 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 the Petitioner in this matter and that the foregoing petition is true and correct to the best of my knowledge.

Petitioner (signature)

Print Name

Contact Address

City, State, Zip Code

Contact Telephone

	SIGNED AND SWORN to before me this	day of _	, 2	20
By:		-		

Notary Public for _____/Court Clerk My Commission Expires: _____

I certify that this is a true copy:

Petitioner (signature)

13. Spousal Support and Life Insurance.

Spousal Support.

Support should be paid by Detitioner to Respondent Detitioner:	
□ In the amount of \$ per month for the following period of time:	
	OR
□ In the amount of \$ by(date), or	
□ In an amount to be determined before trial or entry of judgment.	
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.

The judgment entered in this case should provide that **Petitioner Respondent** make spousal support payments on:

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

The date Respondent was served with this petition 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. Petitioner requests 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 Petitioner's Respondent'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.

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.

Life Insurance.

Petitioner
 Respondent should buy and maintain life insurance for the benefit of
 Petitioner
 Respondent throughout the period of the spousal support obligation, in the amount

of \$_

In the Matter of \Box the Marriage of:)	
)	
	_,)	Case No.
Petitioner,)	
and)	CERTIFICATE RE: PENDING CHILD SUPPORT
)	PROCEEDINGS and/or EXISTING CHILD
	_,)	SUPPORT ORDERS/JUDGMENTS
Respondent.)	(UTCR 8.090)
-)	

I hereby certify that:

1. PENDING CHILD SUPPORT PROCEEDINGS (include any child support matter being heard by either a court or agency as part of a dissolution, separation, annulment, paternity, juvenile court, support or modification case):

 \Box There is no pending child support proceeding in this or any other state involving the parties' child/ren.

 \Box There is a pending child support proceeding \Box in Oregon \Box in another state which involves the parties' child/ren as follows:

Name/County of Court or Agency where pending:	
Agency Case Number:	
Court Case Number:	

2. EXISTING CHILD SUPPORT ORDERS OR JUDGMENTS (include any order/judgment whether made by an agency or a court in this or any other state, and whether or not currently effective):

 \Box There are no other child support orders/judgments in this or any other state involving the parties' child/ren.

□ There is/are other child support orders/judgments involving the parties' child/ren, as follows: ORDER/JUDGMENT #1 (*Attach a copy of the signed order*):

Name/County of Court or Agency where issued:

Case Number:

Date of Order: _____

<u>ORDER/JUDGMENT #2</u> (Attach a copy of the signed order):

Name/County of Court or Agency where issued:

Case Number: _____

Date of Order:

//

CERTIFICATE RE: PENDING CHILD SUPPORT PROCEEDINGS and/or EXISTING CHILD SUPPORT ORDERS/JUDGMENTS (UTCR 8.090) - PAGE 1 OF 2

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ORDER/JUDGMENT #3 (Attach a copy of the signed order):
Name/County of Court or Agency where issued:
Case Number:
Date of Order:
<u>ORDER/JUDGMENT #4</u> (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:

 \Box 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_____.

□ Petitioner □ Respondent, Signature

Print Name

Contact Address

City, State, Zip Code

Contact Telephone

Information about the Confidential Information Form (CIF)

What is a CIF?

Most court files may be viewed by the public. Uniform Trial Court Rule (UTCR) 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 UTCR 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 UTCR 2.100, which can be read at:

http://courts.oregon.gov/OJD/programs/utcr/utcrrules.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 UTCR 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?

In the Matter of:) Case No.:
□Petitioner □Co-Petitioner, and	 FAMILY LAW CONFIDENTIAL INFORMATIO FORM (CIF)
) 🗆 Amended
□Respondent □ Co-Petitioner.) This document is not accessible to the public or other parties. Exceptions may apply. See UTCR 2.130.
□ Child At Least 18 But Under 21)

ATTENTION COURT STAFF: THIS IS A RESTRICTED ACCESS DOCUMENT.

The information below is about:

Petitioner
Respondent
Co-Petitioner:

Child At Least 18 But Under 21:

□ Other:

Name (Last, First, Middle):

The names of the parties and the children, as well as the children's ages, are NOT confidential.

Former Legal Name (s) (if applicable):

Date of Birth:

Social Security Number:

Driver License (Number and State):

Name, Address, and Telephone Number of Employer:

Children's Names (Last, First, Middle)		Date of Birth	Social Security No.	
	-			
	-			
	_			

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 SUBMITT	ED BY:		
Petitioner Respondent	: Co-Petitioner:		
□ Child who is at least 18 a	nd under 21:		
□ Other:			

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

In the Matter of:) Case No.:
□Petitioner □Co-Petitioner, and	 FAMILY LAW CONFIDENTIAL INFORMATIO FORM (CIF)
) 🗆 Amended
□Respondent □ Co-Petitioner.) This document is not accessible to the public or other parties. Exceptions may apply. See UTCR 2.130.
□ Child At Least 18 But Under 21)

ATTENTION COURT STAFF: THIS IS A RESTRICTED ACCESS DOCUMENT.

The information below is about:

Petitioner
Respondent
Co-Petitioner:

Child At Least 18 But Under 21:

□ Other:

Name (Last, First, Middle):

The names of the parties and the children, as well as the children's ages, are NOT confidential.

Former Legal Name (s) (if applicable):

Date of Birth:

Social Security Number:

Driver License (Number and State):

Name, Address, and Telephone Number of Employer:

Children's Names (Last, First, Middle)		Date of Birth	Social Security No.	
	-			
	-			
	_			

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 SUBMITTE	D BY:		
Petitioner Respondent	Co-Petitioner:		
□ Child who is at least 18 an	d under 21:		
□ Other:			

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

In the Matter of:) Case No.:
□Petitioner □Co-Petitioner,) NOTICE OF FILING OF
and) CONFIDENTIAL INFORMATION FORM (CIF)
) 🗆 Amended CIF
□Respondent □ Co-Petitioner.)
)
)
Child At Least 18 But Under 21)

NOTICE: Confidential Information Form Has Been Filed

- Uniform Trial Court Rule (UTCR) 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 UTCR 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)

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(s) 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(s) 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(s) of birth, □employer's name, address, and telephone number, □driver license number, □former legal name(s).

A) 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(s) of birth, □employer's name, address, and telephone number, □driver license number, □former legal name(s).

Dated this <u></u> day of		, 20	
---------------------------	--	------	--

Signature		Print Name
Contact Address	City, State, Zip	Contact Telephone

In the Matter of \Box the Marriage of:)	
Dettilenen	,)	Case No.
Petitioner, and)	PETITIONER'S CERTIFICATE
und)	OF \Box MAILING \Box SERVICE TO THE
	,)	DIVISION OF CHILD SUPPORT
Respondent.)	

I certify that on ______, 20_____, I \Box mailed \Box delivered a true copy of the Petition for Dissolution in the above case to the local branch office of the Department of Justice, Division of Child Support (*list address*):

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_____.

Petitioner, Signature

Print Name

Contact Address

City, State, Zip Code

Contact Telephone

In the Matter of \Box the Marriage of:)
)
,) Case No
Petitioner,)
)
and) SUMMONS
)
,) DOMESTIC RELATIONS SUIT
Respondent.)
ТО:	, Respondent.
Home Address	Work Address

Your spouse/partner has filed a Petition asking for dissolution of your marriage/domestic partnership (and possibly related relief). If you do not file the appropriate legal paper with the court in the time required (see below), your spouse/partner may ask the court for a judgment against you that orders the relief requested.

NOTICE TO RESPONDENT: READ THESE PAPERS CAREFULLY!

You must "appear" in this case or the other side will win automatically. To "appear," you must file with the Court a legal paper called a "Response" or "Motion." Response forms may be available through the court located at: _______. This Response

must be filed with the court clerk or administrator within thirty (30) days along with the required filing fee. It must be in proper form and you must show that the Petitioner's attorney (or the Petitioner if he/she does not have an attorney) was served with a copy of the "Response" or "Motion." The location to file your response is at the court address indicated above.

If you have questions, you should see an attorney immediately. If you need help finding an attorney, you may contact the Oregon State Bar's Lawyer Referral Service online at <u>www.oregonstatebar.org</u> or by calling (503) 684-3763 (in the Portland metropolitan area) or toll free elsewhere in Oregon at (800) 452-7636.

If special accommodation under the Americans with Disabilities Act is needed, please contact your local court at the address above; telephone number: _____.

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:

 \Box I selected this document for myself and I completed it without paid assistance.

 \Box I paid or will pay money to ______ for assistance in preparing this form.

		I certify that this is a true copy
Petitioner, Signature	Print Name	
Contact Address	City, State, Zip	Petitioner's Signature

Contact Telephone

SUMMONS - Page 1 of 1

Disso-1BC: Summons-1BC-Ver06.doc (6/2011)

[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 <u>immediately</u> 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.

NOTICE OF STATUTORY RESTRAINING ORDER PREVENTING THE DISSIPATION OF ASSETS IN DOMESTIC RELATIONS ACTIONS (UTCR 8.080.1 Form) - Page 1 of 1 Disso: AutoRO-Ver03.doc (Revised 8-1-14)

In the Matter of:)	Case No
) ,)	DECLARATION OF SERVICE
Petitioner,)	
and)	\Box Personal Service (ORCP 7D(2)(a))
)	\Box Substitute Service (ORCP 7D(2)(b))
	, Ĵ	\Box Office Service (ORCP 7D(2)(c))
Respondent.)	□ Service by Mail, Return Receipt Requested
1)	(ORCP 7D(2)(d))
I,		_, declare I am a resident of the County of
.Sta	te of	I am a competent person 18 years of age
or older and not a party to or attor	nev in this proce	eeding. I certify that the person, firm, or corporation served is
the identical one named in this act	• 1	8 ,
Order Preventing Dissipation of mediation and other information p	f Assets in Dom provided by the c	, 20, at a.m./p.m., I mmons (with attached Notice of Statutory Restraining testic Relations Actions, Notice of CIF Filing, and notices on court clerk) by delivering them to \Box Petitioner \Box Respondent ame) in person at the following address
		of, State of
2. \Box Substitute Service. On the	day of	f, 20, ata.m./p.m.,
I served true copies of the original	Petition and Su	mmons (with attached Notice of Statutory
Restraining Order Preventing D	issipation of A	ssets in Domestic Relations Actions, Notice of CIF
		ation provided by the court clerk) by delivering them
		erson age 14 or older and a member of the household
		within
the County of	, State of	
-9		

(Complete the section below only if the undersigned performed the follow up mailing required by ORCP 7D(2)(b). If a party or other person other than the undersigned did the follow up mailing, s/he must use a separate Declaration/Certificate of Mailing.)

□ On the ______day of ______, 20____, I personally deposited a true copy of the Petition and Summons (with attached Notice of Statutory Restraining Order Preventing Dissipation of Assets in Domestic Relations Actions, Notice of CIF Filing, and notices on mediation and other information provided by the court clerk) with the United States Postal Service, via first class mail, in a sealed envelope, postage prepaid, addressed to the party to be served: □ Petitioner □ Respondent ______ (name), at the party's home address listed above, together with a statement of the data_time_and place that the documents were hand delivered to the party's dwelling.

statement of the date, time, and place that the documents were hand-delivered to the party's dwelling (residence).

3. \Box Office Service. On the ______ day of ______, 20____, at _____ a.m./p.m., I served true copies of the original Petition and Summons (with attached Notice of Statutory Restraining Order Preventing Dissipation of Assets in Domestic Relations Actions, Notice of CIF Filing, and notices on mediation and other information provided by the court clerk) by delivering them, in person, to the office of the party to be served, located at: _____(address). during normal working hours for that office, where I left the documents (name), who is a person apparently in charge and who has a with business duty to provide the documents to the party to be served. (Complete the section below only if the undersigned performed the follow-up mailing required by ORCP 7D(2)(c). If a party or other person other than the undersigned did the follow up mailing, s/he must use a separate Declaration/Certificate of Mailing.) \Box On the ______day of ______, 20_____, I personally deposited a true copy of the Petition and Summons (with attached Notice of Statutory Restraining Order Preventing Dissipation of Assets in Domestic Relations Actions, Notice of CIF Filing, and notices on mediation and other information provided by the court clerk) with the United States Postal Service, via first class mail, in a sealed envelope, postage prepaid, addressed to the party to be served:
Petitioner
Respondent _____ (name), at the party's: \Box home address located at: _____(address), OR
business address, listed above, together with a statement of the date, time and place that the documents were hand-delivered to the party's office. 4. \Box Service by Mail, Return Receipt Requested. On the _____ day of _____, 20____, I personally deposited two true copies of the Petition and Summons (with attached Notice of Statutory Restraining Order Preventing Dissipation of Assets in Domestic Relations Actions, Notice of CIF Filing, and notices on mediation and other information provided by the court clerk) with the United States Postal Service, one via first class mail, and the other by certified or registered, return receipt requested, or by express mail, with postage on both copies fully paid, addressed to the party to be served:
Petitioner or □ Respondent _____(name), at the party's: □ home address located at: _____(address). (NOTE: If mailed return receipt

requested, the return receipt should be attached to this Declaration of Service.)

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.

I hereby declare that the above statement is 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 _____, 20 _____,

Signature of Server

Print Name

Address or Contact Address

In the Matter of \Box the Marriage of: ()		
),))	Case No.	
Petitioner,) and)		
)))	ACCEPTANCE OF SERVICE	
Respondent.)		
STATE OF))ss		
County of)		
<pre>coverage, mediation and other information prov of Certificate of Document Preparation. regarding the document you are filing with the c □ I selected this document for myself and the compared of the selected the s</pre>	n of assets, Notice of CIF Filing, continuation of hea rided by the court clerk in the County of You are required to truthfully complete this certific court. Check all boxes and complete all blanks that nd I completed it without paid assistance. for assistance in preparing this	, State cate apply:
Signature of Respondent	Print Name	
Address or Contact Address City, State	e, Zip Telephone or Contact Te	elephone
SIGNED AND SWORN to before me th	nis, 20, 20	,
	Notary Public for/Court Clerk My Commission Expires:	

In the Matter of \Box	the Marriage of:	
		Case No
and	Petitioner,	PETITIONER'S EX PARTE MOTION FOR ORDER OF DEFAULT AND ENTRY OF JUDGMENT BY DEFAULT (ORCP 69)
	Respondent.	-

<u>Motion</u>

Based on the attached Declaration, Petitioner requests that this Court grant an Order entering the default of Respondent under ORCP 69C for the reason that Respondent was served with the Summons, Petition for Dissolution and other documents required by law in ______ County, State of ______, on _____, 20_____ and has not made an appearance within the time prescribed by law. Petitioner also requests that this Court grant an Order allowing entry of the accompanying General Judgment of Dissolution under ORCP 69D.

Statement of Points and Authorities

ORCP 69 C. A party seeking default must file a motion for order of default and a supporting declaration providing the court with required factual information establishing that entry of such order is proper.

ORCP 69 D. A party seeking a judgment by default must file a motion and supporting declaration.

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:

 $\hfill\square$ 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_____.

Submitted by:

Petitioner, Signature

Petitioner, Print Name

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone

PETITIONER'S MOTION FOR DEFAULT ORDER AND ENTRY OF JUDGMENT BY DEFAULT -PAGE 1 OF 1 Disso-1BC: MoDefault-1BC-Ver04.doc (6/2014)

In the Matter of \Box the Marriage of:)
,) Case No
Petitioner, and) PETITIONER'S DECLARATION IN SUPPORT) OF MOTION FOR ORDER OF DEFAULT AND) ENTRY OF JUDGMENT BY DEFAULT
, Respondent.) EXTRA OF JODGMENT DT DEFROEF
I,	, am the Petitioner in this proceeding.

- 1. Check one of the following:
 - A. \Box The Respondent **is not** now, and was not at the time of the service of the Summons and Petition, in the active military service of the United States.
 - B. \Box The Respondent is now, or was at the time of the service of the Summons and Petition, in the active military service of the United States.

 \Box (*check if applicable*) The Respondent has waived his/her rights under the Servicemembers' Civil Relief Act, as shown by the attached affidavit, labeled as Exhibit _____.

C. □ After diligent efforts, I am unable to determine whether or not the Respondent is now, or was at the time of the service of the Summons and Petition, in the active military service of the United States. □ The moving party shall be required to post bond pursuant to 50 U.S.C. App. § 521(b)(3).

 \Box (*check if applicable*) I have requested, but have not yet received, a determination from the Department of Defense regarding Respondent's military status.

2. REQUIRED: The following facts support my declaration regarding Respondent's military status:

3.	Respondent is not now and was not at the time of the service of the Summons and Petition a
minor,	incapacitated, a financially incapable person, a protected person, or a Respondent in a fiduciary
protect	ive proceeding, as defined by Oregon law.

4.		Neither the Respondent nor his/her Attorney has filed appearance, appeared in court or
provid	l ed writ	ten notice of intent to file an appearance in this proceeding.

	The Respondent or his/her Attorney has filed an appearance, appeared in court or provided
written noti	ce of intent to file an appearance and I \Box have \Box have not served written notice of the application
for an order	of default on the Respondent or his/her Attorney at least 10 days before seeking this order of
default purs	suant to ORCP 69A(1).

5. \Box An Order of Default is being applied for contemporaneously.

6. I still seek the relief requested in my Petition *except*:_____

7. \Box I do not seek the award of costs and disbursements. \Box I seek the award of costs and disbursements pursuant to ORCP 68B and______(Cite any other basis you have for the right to seek costs and disbursements). \Box I asked for the award of costs and disbursements in my Petition. The amounts sought are: *(itemize)_____*

8. \Box I do \Box do not seek the award of attorney fees. (If you check the first box you must comply with ORCP 68 and UTCR 5.080.) \Box I asked for attorney fees in my Petition.

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:

 \Box 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.

I HEREBY DECLARE THAT THE ABOVE STATEMENT IS 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_____.

Signature

Print Name

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone

I certify this is a true copy:

Petitioner's Signature

In the Matter of \Box the Marriage of:	Case No
Petitioner, and	ORDER OF DEFAULT
Respondent.	
Petitioner's Motion for Order of Default and Allowed.	d Entry of Judgment by Default is:
 Denied 	
DATED this day of	

Circuit Court Judge

Print Name

In the Matter of: \Box the Marriage of:

Petitioner,

and

MOTION FOR ORDER ALLOWING JUDGMENT ON AFFIDAVIT IN LIEU

Case No. _____

Respondent.

Motion

OF HEARING

Based on ORS 107.095(4) and

 \Box the co-petition of the parties (or)

 \Box the Order of Default and Entry of Judgment by Default on record (or)

 \Box the appearance of Respondent and waiver of the right to further appearance (or)

 \Box the stipulation of the parties to the entry of a general judgment,

 \Box Petitioner \Box Respondent 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.

Submitted by:

 \Box Petitioner \Box Respondent (Print Name)

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone

MOTION FOR ORDER ALLOWING JUDGMENT ON AFFIDAVIT IN LIEU OF HEARING - PAGE 1 OF 1 Disso-1BC: MoJudgment1BCVer05.doc (5/14)

In the Matter of \Box the Marriage of:

Case No. _____

and

ORDER ALLOWING JUDGMENT ON AFFIDAVIT IN LIEU OF HEARING

Respondent.

Petitioner,

Petitioner's Motion for Order Allowing Judgment on Affidavit in Lieu of Hearing is:

 \Box Allowed.

Denied______.

DATED this ______ day of ______, 20_____.

Circuit Court Judge

Print Name

In the Matter of \Box the Marriage of:	
, Petitioner, and	 Case No PETITIONER'S AFFIDAVIT SUPPORTING JUDGMENT OF DISSOLUTION
, Respondent.))
STATE OF	
County of) ss.
I,	
, State of	ied/registered on (date):, in the County of

 $\hfill \square$ Irreconcilable differences between the parties have caused the irremediable breakdown of the marriage/domestic partnership.

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

<u>Domestic Partnership Only:</u> \Box 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 \Box neither party currently resides in Oregon but I certify that this petition is filed in the county where \Box Petitioner or \Box Respondent last resided.

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

 \Box There are ______ child/ren of the marriage. The \Box Petitioner \Box Respondent is pregnant with spouse/partner's child. The \Box Petitioner \Box Respondent was cohabiting with his/her spouse/domestic partner when the child was conceived. The expected date of the child/ren's birth is ______

 \Box Neither party is now pregnant.

□ Child/ren named ______ were born to □ Petitioner □ Respondent on the following dates <u>Do not list</u>. Provided by UTCR 2.130 CIF ____, during this marriage/domestic partnership. The □ Petitioner □ Respondent is not the parent of the child/ren. The □ Petitioner □ Respondent was not cohabiting with his/her spouse/domestic partner when the child was conceived.

□ The □ Petitioner □ Respondent is pregnant at this time and his/her spouse/domestic partner is not the parent of this/these child/ren. The \Box Petitioner \Box Respondent was not cohabiting with his/her spouse/domestic partner when this/these child/ren was/were conceived. The expected date of the child's birth is

□ Respondent has not appeared in this matter and an Order of Default has been entered.

□ Respondent filed a response and later □ signed and filed a Waiver of Further Appearance and Consent to Entry of Judgment, (or) \Box has waived further hearing by stipulating to the terms of the Judgment.

This case is now ready for a hearing on the merits. I make this affidavit in support of a Judgment of Dissolution of Marriage/Domestic Partnership without a hearing. The allegations in my Petition are true and it is just and reasonable that the requested relief 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 has/have continuously resided in Oregon for six months before this case was filed.

□ List any other basis for child custody jurisdiction:

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 my child/ren's health or safety would be endangered. State supporting facts: _____

□ 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: Petitioner's average gross monthly income is			
approximately \$ Resp	ondent's average gross monthly income is approximately \$		
Work or school related daycare is \$_	/month and is paid by \Box Petitioner \Box Respondent. Health		
insurance for our child/ren costs \$	/month out of pocket and is paid by \Box Petitioner \Box Respondent.		
///			

The child support amount I have requested \Box does not deviate from the amount presumed correct under

Child support is involved and Respondent does not live in Oregon.
(If you checked the box above, check any of the following boxes that are true)
Respondent was personally served with the petition in Oregon.
Respondent lived in Oregon with the child.
Respondent 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 Respondent.
Respondent and I 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 respondent moved to a new residence out of state.

 \Box Other basis for jurisdiction:

 \Box 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*):

 \Box Petitioner has **private** health care coverage available to cover the child/ren at an out-of-pocket cost of <u>per month for the child/ren's portion of the coverage</u>. \Box This health care coverage should be ordered.

 \Box Respondent has **private** health care coverage available to cover the child/ren at an out-of-pocket cost of <u>\$</u> per month for the child/ren's portion of the coverage. \Box This health care coverage should be ordered.

□ Neither Petitioner nor Respondent has appropriate **private** health care coverage available for the parties' child/ren and,

 \Box The custodial parent should be ordered to apply for and enroll the child/ren in **public** health care coverage.

 \Box Petitioner \Box Respondent 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.

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

 \Box Petitioner should be ordered to provide appropriate **private** health care coverage when such coverage becomes available to him/her through any source.

 \Box Respondent should be ordered to provide appropriate **private** health care coverage when such coverage becomes available to him/her through any source.

 \Box Cash medical support should be ordered because:

Neither party has appropriate **private** health care coverage available for the child/ren.
 The party receiving cash child support is also the party providing **private** health care coverage.

The child support	worksheet submitted with my ju	adgment shows	that cash medical	support
should be \$	per month.			

\Box Petitioner	\Box Respondent should pay, in	n addition to cash child	l support, cash medical	support in the
amount of \$	per month.			

 \Box Cash medical support should not be ordered because:

 \Box Petitioner \Box Respondent has income that is no more than full-time Oregon minimum wage.

 \Box Petitioner $\ \Box$ Respondent is eligible for Oregon public assistance.

 \Box The parties should share the child/ren's uninsured medical expenses as described below.

\Box Other reasons:	
-----------------------	--

	Petitioner should pay	$$ % \square and Re	espondent should pay	% of the uninsured
HEALTH	, ACCIDENT, DENTAL, ORTI	HODONTIC, A	ND OPTICAL HEA	LTH costs incurred by the
child/ren.	This obligation should be \Box in	addition to \Box	instead of cash medi	cal support.

Note that if your judgment is by default, it cannot be different than what you asked for in your petition, unless the parties agree otherwise or unless circumstances have changed since your petition was filed.

□ 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:

\Box I s	selected	this document	for myself,	and I	completed it	without	paid ass	sistance	e.	
—		• • • •						c	•	

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

Dated: _____, 20____.

Petitioner's Signature

Print Name

Address or Contact Address	City, State, Zip		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

In the Matter of \Box the Marriage of:	
) Case No
, Petitioner,	
and))) GENERAL JUDGMENT OF DISSOLUTION
, Respondent	 OF MARRIAGE DOMESTIC PARTNERSHIP and MONEY AWARD
and))
□,)
Child who is at least 18 and under 21 years of age, unmarried and unemancipated.)
(ORS 107.108))

1. This matter came before the Court:

 \Box On the motion and affidavit of Petitioner, the default of Respondent having been found.

 \Box On the motion of Petitioner, the default of Respondent having been found, and Respondent being represented by a guardian ad litem or another person described in Rule 27.

 \Box On the motion and affidavit of Petitioner, Respondent having filed a Waiver of Further Appearance.

- \Box On the stipulations of the parties, as shown by the signatures below.
- At a hearing held ______, at which the following persons were present:

Date)

PetitionerRespondent

Petitioner's attorney
 Respondent's attorney:

- **Findings.** The Court considered the: \Box Affidavit \Box Affidavit and stipulations \Box Evi
- 2. Findings. The Court considered the:
 Affidavit
 Affidavit
 Affidavit and stipulations
 Evidence presented and found that:
 - A. Irreconcilable differences have caused the irremediable breakdown of this marriage/domestic partnership.
 - B. <u>Spouses Only</u>: □ Petitioner □ Respondent has/have been a resident of and domiciled in the state of Oregon continuously for six months immediately prior to the filing of the Petition for Dissolution of Marriage.

 \Box <u>Domestic Partnership Only</u>: One or both of the parties to this case currently live in the county where this petition has been filed, or \Box neither party currently resides in Oregon but the petition has been filed in the county where \Box Petitioner or \Box Respondent last resided.

GENERAL JUDGMENT OF DISSOLUTION OF MARRIAGE/DOMESTIC PARTNERSHIP; AND MONEY AWARD - Page 1 of 14 Disso-1B: Judgment1B-Ver15.doc (8/2014)

C. **Children of the Marriage/Domestic Partnership.** The following children were born to/ adopted by the parties before or during this marriage/domestic partnership (list name(s), date of birth(s) and age(s)):

Name	Date of Birth	Age
	Provide by UTCR 2.130 CIF	
	Provide by UTCR 2.130 CIF	
	Provide by UTCR 2.130 CIF	
	Provide by UTCR 2.130 CIF	

 \Box Petitioner \Box Respondent is not the father, or paternity has not been established, of the children (list names):______

born during the marr	ge/domestic partnership on the following date(s): Provided by UTCR 2.130 Cl	IF
\Box Petitioner \Box Res	ondent is now pregnant. \Box Petitioner \Box Respondent is not the parent of	
the child/ren due	(<i>date</i>).	

D. Child Custody Jurisdiction. (Check appropriate boxes)

 \Box 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 unemancipated and has:

 \Box Waived further appearance in these proceedings.

 \Box 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 partner 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:

□ Respondent 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*):_____

	etitioner \Box Respondent should have parenting time with the child/ren \Box as set forth in the
attach	hed Parenting Plan, labeled Exhibit, or
	etitioner \Box Respondent shall not have parenting time because this would endanger the health and y of the child/ren.
•	arenting time shall be supervised by \Box Any cost of the
	vision shall be paid by \Box Petitioner \Box Respondent \Box Other:
health	
health □ Ne	either parent shall move to a residence more than 60 miles further distant from the other parent
such r	but giving the other parent reasonable notice of the change of residence and providing a copy of notice to the court, or \Box the requirement of ORS 107.159 regarding notice of move is suspended bod cause found.
ash Chi	ild Support.
Comp	plete <u>either</u> (a) or (b) below:
(a)	\Box Cash child support must be paid by \Box Petitioner to Respondent (or) \Box Respondent to Petitioner:

\Box In the amount of \$	_for	children.	This is the amount presumed correct as
determined under the Oregon	child support g	guidelines.	or
\Box In the amount of \$	_for	children.	The amount presumed correct as
determined under the Oregon	child support g	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.

 \Box Petitioner \Box Respondent shall pay cash child support beginning on:

 \Box The first (or____) day of the month following the date of the judgment and continuing on the same day of each month thereafter.

or

______, the date Respondent was served with the petition, and continuing on the same day of each month thereafter (*check this option only if requested in the Petition or agreed to by the parties*).

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

1n	County, Oregon.
\Box Other reason:	

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

Complete (a) or (b):

(a) <u>Private Health Care Coverage is Appropriate and Available.</u>

 \Box Petitioner \Box Respondent \Box 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. \Box Petitioner \Box Respondent \Box Both Petitioner and Respondent 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.

 \Box 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) <u>No Private Health Care Coverage is Appropriate or Available.</u>

 \Box Neither Petitioner nor Respondent has appropriate private health care coverage available for the parties' child/ren. \Box Petitioner \Box Respondent \Box Both Petitioner and Respondent 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.

 \Box The custodial parent shall enroll or maintain the child/ren in public health care coverage.

Complete (c) or (d):

(c) Cash Medical Support Ordered.

 \Box Because neither parent has appropriate private health care coverage available for the parties' child/ren: \Box Petitioner must pay cash medical support in the monthly amount of

 $_$ to Respondent and/or \Box Respondent must pay cash medical support in the monthly amount of $_$ to Petitioner.

(d) <u>Cash Medical Support Not Ordered.</u>

Cash medical support is not ordered for the following reasons:
 The parent paying cash child support is also providing health care coverage.

GENERAL JUDGMENT OF DISSOLUTION OF MARRIAGE/DOMESTIC PARTNERSHIP; AND MONEY AWARD - Page 4 of 14 Disso-1B: Judgment1B-Ver15.doc (8/2014)

 \Box Section (e) below requires the parties to share the cost of the child/ren's uninsured medical expenses.

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

□ Other reason: _____

(e) <u>Responsibility for Uninsured Health Expenses.</u>

After the custodial parent pays the first \$250 per year per child, \Box Petitioner must pay _____% and Respondent 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 \Box in addition to \Box instead of any cash medical support ordered above in paragraphs 2 and 3 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:

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

 \Box 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 pursuant to option (a) above, 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

□ 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:

 \Box 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.

GENERAL JUDGMENT OF DISSOLUTION OF MARRIAGE/DOMESTIC PARTNERSHIP; AND MONEY AWARD - Page 5 of 14 Disso-1B: Judgment1B-Ver15.doc (8/2014)

All payments of child support shall be made (check either (a) or (b) below):

- (a) □ To the Oregon Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309 or □ by electronic payment withdrawal (EPW) or electronic funds transfer (EFT). By petitioner's request, collection, accounting disbursement, and enforcement services of this obligation shall be through the State of Oregon's Department of Justice.
- (b) □ Pursuant to the above exception, directly to □ Petitioner's □ Respondent's checking or savings account. A receipt of deposit shall be kept by the parent paying support as proof of payment. A canceled check is also prima facie evidence that payment has been made. The person receiving support shall provide the paying parent with current deposit slips and/or bank name, account name and account number.

NOTICE OF INCOME WITHHOLDING

This child support order is enforceable by income withholding under ORS 25.378 to 25.390, 25.414 to 25.372 and 25.375. Withholding shall occur immediately, whenever there is an arrearage at least equal to the support payment for one month, whenever the obligated parent requests such withholding, or whenever the obligee requests withholding for good cause. The District Attorney or, as appropriate, the Division of Child Support of the Department of Justice, will assist in securing such withholding. Exceptions may apply in some circumstances.

6. Dependents for Tax Purposes.

 \Box Petitioner \Box 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*): ______

7. Life Insurance Coverage for Child/ren.

 \Box Petitioner \Box Respondent shall obtain and maintain life insurance for the benefit of the parties' child/ren throughout the period of the support obligation if he/she is insurable. The coverage shall be in the amount of _____.

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.

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 clerk or courthouse facilitator for information.

8. Spousal Support and Life Insurance.

- \Box No spousal support or spousal life insurance is ordered in this case.
- \Box The terms indicated on the inserted Supplement to Judgment shall be in effect.

9. Real Property Distribution.

 \Box Neither Petitioner nor Respondent has any interest in any real property located in this or in any other state.

□ Petitioner □ Respondent has/have an interest in real property located at the address of _____

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.

 \Box Petitioner \Box Respondent shall be responsible for the preparation, signing and recording of a deed,

transferring the real property as required by this judgment.

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

10. Personal Property Distribution (including motor vehicles).

☐ The Petitioner and Respondent 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.

□ The Petitioner is awarded the following personal property:_____

Additional page labeled "Paragraph 10 - Petitioner's Personal Property Distribution continued" attached.

 \Box The Petitioner is awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred compensation plan, and/or stock option plan held by Petitioner's current or past employer, free of any interest in the Respondent.

 \Box The Respondent is awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred compensation plan, and/or stock option plan held by Respondent's current or past employer, free of any interest in the Petitioner.

□ The Respondent is awarded the following personal property:_____

Additional page labeled "Paragraph 10 - Respondent's Personal Property Distribution continued" attached.

11. Distribution of Debts.

 \Box The debts shall be paid as follows:

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

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.

 \Box Petitioner's \Box Respondent'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:

□ Petitioner

□ Respondent.

- \Box 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.

 \Box To be paid by both parties equally

□ Petitioner □ Respondent shall reimburse the other party 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.

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

☐ Otherwise:

	Petitioner	Respondent
Full Name		
Former Legal Name(s)	Do not list. Provide by UTCR 2.130 CIF.	Do not list. Provide by UTCR 2.130 CIF.
Age		
Address or Contact Address		
Telephone Number		
Social Security Number	Do not list. Provide by UTCR 2.130 CIF.	Do not list. Provide by UTCR 2.130 CIF.
Drivers License Number	Do not list. Provide by UTCR 2.130 CIF.	Do not list. Provide by UTCR 2.130 CIF.
Employer Name	Do not list. Provide by UTCR 2.130 CIF.	Do not list. Provide by UTCR 2.130 CIF.
Employer Address	Do not list. Provide by UTCR 2.130 CIF.	Do not list. Provide by UTCR 2.130 CIF.
Employer Telephone	Do not list. Provide by UTCR 2.130 CIF.	Do not list. Provide by UTCR 2.130 CIF.

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

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 above 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 by means of this Judgment in Paragraph 16 above, the Department of Justice or the District Attorney shall not disclose the information in the preceding section to the other parent.

Date of marriage/domestic partnership: Place of marriage/domestic partnership:

17. Money Award. Child Support Obligation \Box included \Box not included. Spousal Support \Box included \Box not included.

Additional information required by ORS 18.042	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's 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 Judgmer Payable to PETITIONER	nt portion of a payment r	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):		
Others Entitled to Portions of Judgmer Payable to RESPONDENT	to a portion of a paym	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): None or		
Type of Judgment		Amount of Judgment		
Child Support Award	DEBTOR Petitioner Respondent	\$□ per month, of which \$ is cash medical support. Starting on: □ the first or □ day of the month following the date of the		

	CREDITOR	judgment and continuing on the same day of each month thereafter, or □, the date Respondent was served with the Petition, and continuing on the same day of each month thereafter. Support will last until each child turns: □18 or □21 if attending school under ORS 107.108.	
Spousal Support Award	DEBTOR Petitioner Respondent CREDITOR Petitioner Respondent	1. \$ per month starting 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 □, the date Respondent was served with the Petition, and continuing on the same day of each month thereafter. Support will last until(date) or the death of either party, whichever comes first. or 2. A lump sum payment of \$ to be paid by (date):	
SPOUSAL SUPPORT PAYMENTS ARE TAXABLE TO THE OBLIGEE SPOUSE AND DEDUCTIBLE TO THE OBLIGOR SPOUSE. ALL PAYMENTS TERMINATE UPON THE DEATH OF EITHER PARTY.			
Property Division (if applicable)	DEBTOR DEBTOR Detitioner Respondent CREDITOR Petitioner Respondent	1. \$ per month, starting on the □ first day or □ Other: of the month following the date of the judgment until the total amount of \$ is paid in full; or 2. A lump sum payment of \$ (date).	
Prejudgment Interest (Note: ORS 21.607(1) disallows interest on fees that have been deferred.)	DEBTOR DEBTOR Petitioner Respondent CREDITOR Petitioner Respondent		
Postjudgment Interest (Note: ORS	DEBTOR Petitioner Respondent	Nine percent (9%) per annum simple interest on the unpaid balance of the total judgment amount(s) of \$	

GENERAL JUDGMENT OF DISSOLUTION OF MARRIAGE/DOMESTIC PARTNERSHIP; AND MONEY AWARD - Page 11 of 14 Disso-1B: Judgment1B-Ver15.doc (8/2014)

21.607(1) disallows interest on fees that have been deferred.)	CREDITOR Petitioner Respondent	judgment is entered and continues until fully paid.
Accrued Arrears (if any, on judgments to be paid on a periodic basis)	DEBTOR Petitioner Respondent CREDITOR Petitioner Respondent	 1. \$ per month, starting on the ☐ first day or □ Other: of the month following the date of the judgment until the total amount of \$ is paid in full; or 2. A lump sum payment of \$ to be paid by: (date).
Costs and Service Expenses (e.g., filing fees, hearing fees, trial fees, process fees)	DEBTOR Petitioner Respondent CREDITOR Petitioner Respondent	\$

Attorneys Fees (if any)	DEBTOR	\$
	CREDITOR Petitioner Respondent	

DATED this ______ day of ______, 20____.

Circuit Court Judge

Print Name

GENERAL JUDGMENT OF DISSOLUTION OF MARRIAGE/DOMESTIC PARTNERSHIP; and MONEY AWARD - Page 12 of 14 Disso-1B: Judgment1B-Ver15.doc (8/2014) **APPLICATION FOR CHILD SUPPORT PROGRAM SERVICES:** By signing below, I apply for child support services from the Child Support Program(CSP). (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.)

Petitioner Signature	Date		
Respondent Signature	Date		
□ All parties have agreed (stipulated) to the terms court clerk only.)	of this judgment. (Sign before a no	otary public or	
Petitioner, Signature			
State of) County of)			
This instrument was acknowledged before me on	, 20, (date)		
by	(name of person(s)).		
	Notary Public for My Commission Expires:		
Respondent, Signature			
State of) County of)			
This instrument was acknowledged before me on	, 20, (date)		
by	(name of person(s	s)).	
	Notary Public for My Commission Expires:	/Court Clerk	

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

Child, Signature			
State of County of))		
This instrument was acknowledged be	fore me on	, 20, (da	te)
by		(name of perso	on(s)).
		Notary Public for My Commission Expires:	/Court Clerk
Certificate of Document Preparatio you are filing with the court. Check a I selected this document fo I paid or will pay money to	ll boxes and complete r myself and I complete	all blanks that apply:	
Submitted by:			
Petitioner Respondent, Signatu	re	Print Name	
Contact Address	City, State, Zip	Contact Telephone	
Certificate of Mailing . I certify that paid to the other party at the following on the following date:	g address:		
□ Petitioner □ Respondent, Signatu	ire	Print Name	
I certify that this is a true copy:			
□Petitioner □Respondent, Signatur	e		

8. Spousal Support and Life Insurance.

Spousal Support.

Support shall be paid by: \Box Petitic	oner to Respondent OR \Box	Respondent to I	Petitioner
In the amount of: \$	per month, or \$	by	(date).
Periodic support payments shall las	st until:	, (or the death of either party,
whichever comes first.			
The support shall be called (check	one or more): 🗌 transitio	onal 🗌 compens	satory 🗆 spousal
maintenance, based on consideration of the	e following factors:		

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

Payments.

 \Box Petitioner \Box Respondent shall pay spousal support beginning on:

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

□ The date Respondent was served with the petition and continuing on the same day of each month thereafter (*check this option only of requested in the Petition or agreed to by the parties*).

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

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

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

Withholding.

 \Box 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 25.378.

Life Insurance.

 \Box Petitioner \Box Respondent shall buy and maintain life insurance for the benefit of \Box Petitioner \Box Respondent throughout the period of the spousal support obligation in the amount of \$_____.



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) 1. Husband/Partner A - Legal name: (first, middle, last, suffix) 2. Last name at birth: (not required for RDP) Husband / Partner A 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) 7. Wife/Partner B - Legal name: (first, middle, last, suffix) 8. Last name at birth: (not required for RDP) Wife / Partner B 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) 13. Date of marriage / filing of RDP declaration: (mm/dd/yyyy) 14. Date couple last resided in same household: (mm/dd/yyyy) Marriage / 15a.Place of marriage/RDP: (city, town or location) 15b.County: Declaration 15c.State or foreign country:

	3 ()	,	0 ,	
	16. Number of children under 18 in this household a	17. Petitioner:		
l	Number: None		Husband/Partner A] Wife/Partner B 🛛 🗍 Both
	18a.Name of petitioner's attorney: (print)	18b. Address: (street and	number or rural route number	r, city or town, state, ZIP code)
Attorney				
	19a.Name of respondent's attorney: (print)	19b. Address: (street and	number or rural route number	r, city or town, state, ZIP code)
	20. Marriage/RDP declaration of the above named p	persons was 21. Date j	udgment becomes effective: (r	mm/dd/yyyy)
Judgment	dissolved on: (mm/dd/yyyy)			
	22. Number of children under 18 whose physical cus	stody was awarded to:		
	Husband/Partner A Wife/Partner B	Joint (shared custod	dy) Other (specify)	🗌 No children
	23. County of decree:		24. Title of court:	
			C	ircuit
	25. Signature of court official:	26. Title of court official:	27. Date s	igned: (mm/dd/yyyy)
	→			

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

		28. Husband's Social Security number: (not required for RDP)						29. Wife's Social Security number: (not required for RDP)			
	_	30. Number of this marriage/RDP – first, second, etc.:		RDP date last marriage/RDP		32. Hispanic origin: Cuban, Mexican, Puerto Rican		33.Race(s): Black, White, etc.	 Education – Specify only highest grade completed: 		
		Marriage		By death, divorce, dissolution or annulment (specify below)	Date: (mm/dd/yyyy)	List all that apply (s	specify	List all that apply (specify below)	Elementary/Secondary: (grades 0-12)	College: (1-4 or 5+)	
		30a.	30b.	31a.	31b.	32a.		33a.	34a.	34b.	
lusband / Partner A											
Wife / Partner B	-	30c.	30d.	31c.	31d.	32b.		33b.	34c.	34d.	
										1	