Form 6
IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF LINN

In the Matter of the Marriage of:	)	
	)	
_____,	)	**Case No. _____**
Petitioner,	)	
and	)	**SUMMONS**
	)	
_____,	)	
Respondent.	)	

TO: _____, Respondent.

Home Address | Work Address

_____ _____

_____ _____

Your spouse has filed a **Petition, Notice to Parties regarding continuation of health coverage, Notice to Parties regarding ORS 107.089 and Notice of Statutory Restraining Order Preventing the Dissipation of Assets and other required documents** asking for a dissolution of your marriage. If you do not file the appropriate legal paper with the court in the time required (see below), your spouse 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." This paper must be given to the Court 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 or she does not have an attorney) was served with a copy of the "Response" or "Motion". Response forms may be available through your local court located at:

PHYSICAL LOCATION is 300 Fourth Avenue, SW, Albany, OR 97321 Room 107 and

MAILING ADDRESS is Linn County Circuit Court, P.O. Box 1749, Albany, OR 97321.

WEBSITE ADDRESS is www.courts.oregon.gov/linn

If you have legal questions, you should see an attorney immediately. If you need help finding an attorney, information is available on the Oregon State Bar website at www.osbar.org/public or you may call the Oregon State Bar's Lawyer Referral Service at (503) 684-3763 or toll free in Oregon at (800) 452-7636.

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.

_____

Petitioner, Signature | Print Name

_____

Contact Address | City, State, Zip

_____

Contact Telephone

I certify that this is a true copy.

_____

Petitioner's Signature