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

In the Matter of the Marriage of	)	
	)	
	)	
_____,	)	Case No. _____
Co-Petitioner,	)	CO-PETITION FOR DISSOLUTION OF
	)	MARRIAGE
	)	
and	)	
	)	CASE SUBJECT TO FEE UNDER
	)	CHAPTER 595, SECTION 11(1)
_____,	)	
Co-Petitioner,	)	

1. Date of marriage: _____. Place of marriage *(County, State)*:_____ _____.

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

3. **Certificate of Residency:**
I certify that one or both of the parties to this case currently live in the county in which this petition is being filed.

4. ☐One (*enter name):*_____ or ☐both Co-Petitioners is/are (an) Oregon resident/s and has/have continuously resided in Oregon for the past six months.

5. No other domestic relations suit or support proceeding involving this marriage is pending in this or any other state.

6. There are no unemancipated child/ren under the age of 18 born to this marriage, and no child/ren of this marriage is age 18 to 21 and a "child/ren attending school" as defined in ORS 107.108.

7. **By filing this co-petition, we acknowledge that we are bound by the terms of the statutory restraining order prohibiting either party from disposing of marital assets, a copy of which we each have received and read, and understand that this restraining order is effective immediately upon filing of this co-petition.**

8. **Spousal Support and Life Insurance**.
☐ No spousal support or life insurance claims are made in this case *(skip the rest of paragraph 8).*

A. Spousal Support.

Support should be paid by ☐ (*write name*)_____ to

☐ (*write name*) _____

☐ In the amount of $_____ per month for the following period of time: _____

_____ OR

☐ In the amount of $_____ by *(date)*_____

List reason(s) support should be paid: _____

_____

_____

The support should 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 and deductible to the obligor spouse. All payments terminate upon the death of either party.

Payments.

Payments should be made on the first day of each month beginning the month following the date the judgment is signed by a judge.

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. Co-Petitioners request that collection, accounting, disbursement, and enforcement services be provided through the Department of Justice.

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

B. Life Insurance.

☐ Co-Petitioner, (*write name*)_____ should buy and maintain life insurance for the benefit of ☐Co-Petitioner, (*write name*)_____ throughout the period of the spousal support obligation, in the amount of $_____.

9. Real Property.

☐ Co-Petitioners do not have any interest in any real property located in this or any other state.

☐ Co-Petitioner (*write name*) _____ or ☐ Co-Petitioners has/have an interest in real property located at the address of:_____

☐ This property should be distributed as follows:_____

_____

☐ Additional page labeled "Paragraph 9—Real Property continued" attached.

☐ The legal description of the real property is attached as Exhibit _____ and incorporated in this petition.

☐ Distribution of this property is not within the jurisdiction of this court.

10. Personal Property (including motor vehicles).

☐ Co-Petitioners 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.

☐ Co-Petitioner (*write name*) _____should be awarded the following personal property: _____

☐ Additional page labeled "Paragraph 10—(*write name*) _____'s Personal Property Distribution continued" attached.

☐ Co-Petitioner (*write name*)_____ should be awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred-compensation plan, and /or stock option plan held by spouse's employer, free of any interest of the spouse.

☐Co-Petitioner, (*write name*)_____ should be awarded the following personal property: _____

☐ Additional page labeled "Paragraph 10—(*write name*) _____'s Personal Property Distribution continued" attached.

☐Co-Petitioner, (*write name*)_____ should be awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred-compensation plan, and/or stock option plan held by spouse's employer, free of any interest of the spouse.

11. Distribution of Debts.

☐ There are no outstanding debts of this marriage.

☐ The debts should be paid as follows:

Name of Creditor *(who debt is owed to)*	What debt is for	Amount	Who should pay *(write names)*

☐ Additional page attached, labeled, "paragraph 11 continued."

Each party should indemnify, defend and hold harmless the other party and keep current the payment of all debts incurred by him or her individually since the date of the separation; all debts which are distributed to him or her by the court; and all debts which are secured by property distributed to that party. Also, if any creditor asks the spouse not responsible for a debt to pay all or a portion of it, and he or she does so, the spouse responsible for that debt should reimburse the other spouse for any monies he/she paid to the creditor after the date of the judgment.

12. 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 awarded the property if the other spouse fails to comply with this requirement.

13. Former Name.

☐ _____'s former name of _____should be restored.

14. Additional Provisions. _____

☐ Additional page attached; labeled "Paragraph 14 Continued—Additional Provisions."

15. 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 ☐ Petitioner ☐ Respondent or child/ren _____ for the following reasons: _____

☐ Otherwise: *(Fill out the information in the table below)*

	Co-Petitioner	Co-Petitioner
Full Name		
Former Legal Name(s)	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Age		
Address or Contact Address		
Telephone Number		
Social Security Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Driver License Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Name	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Address	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Telephone	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).

16. 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: ☐ Co-Petitioner (*write name*)_____

_____

☐ Both parties equally

☐ Other: _____

B. Costs and Fees Paid by the Parties

☐ Each party should be responsible for paying his/her own court costs and service fees for this case.

☐ To be paid by both parties equally

☐ Co-Petitioner, (*write name*)_____ should reimburse the other party for his/her court costs and service fees for this case.

☐ Other: _____

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

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

☐ We selected this document for ourselves and completed it without paid assistance.

☐ We paid or will pay money to _____ for assistance in preparing this form.

WHEREFORE, Co-Petitioners request a Judgment granting the relief asked for above, and other equitable relief that the Court thinks is just.

STATE OF _____)
)
County of _____)

I, _____, being duly sworn, say that I am a Co-Petitioner in this matter and that the foregoing petition is true and correct to the best of my knowledge.

_____

Co-Petitioner (signature) Print Name

_____

Address or Contact Address City, State, Zip Code Telephone or Contact Telephone

SIGNED AND SWORN to before me this _____ day of _____, 20_____

by _____

_____

Notary Public for _____/Court Clerk

My Commission Expires: _____

I, _____, being duly sworn, say that I am the Co-Petitioner in this matter and that the foregoing petition is true and correct to the best of my knowledge.

_____

Co-Petitioner (signature) Print Name

_____

Address or Contact Address City, State, Zip Code Telephone or Contact Telephone

SIGNED AND SWORN to before me this _____ day of _____, 20_____ by _____

_____

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