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

In the Matter of ☐ the Marriage of:	)	
	)	Case No. _____
_____,	)	
Petitioner,	)	PETITION FOR DISSOLUTION OF MARRIAGE/ DOMESTIC PARTNERSHIP
	)	
and	)	DOMESTIC RELATIONS CASE SUBJECT TO FEE UNDER ORS 21.111
	)	
_____,	)	
Respondent.	)	CLAIM ☐ SUBJECT ☐ NOT SUBJECT TO MANDATORY ARBITRATION
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:**
Marriage Only: I certify that one or both of the parties to this case currently live in the county in which this petition is being filed.
Domestic Partnership Only: I certify that one or both of the parties to this case currently live in the county in which this petition is being filed, or ☐ neither party currently resides in Oregon but I certify that this petition is filed in the county where ☐ Petitioner or ☐ Respondent last resided.

4. The ☐ Petitioner ☐ 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.	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).	
	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).	
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☐ Additional page attached; labeled "Paragraph 6 continued."

☐ Petitioner ☐ Respondent is pregnant. ☐ Petitioner ☐ Respondent ☐ is ☐ is not the parent of this child. The expected date of the child's birth is _____.
☐ 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: _____

_____

(Name(s) and Years(s) of birth)

8. UCCJEA Information.

☐ **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** Address/Contact Address of Parent/Caretaker	Which Children

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

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I ☐ have ☐ 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 ☐ 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 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)*:_____

_____

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

_____

_____

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

_____

_____

☐ Parenting time should be supervised by _____

☐ Any cost of the supervision shall be paid by ☐ Petitioner ☐ Respondent ☐ Other: _____

_____

☐ 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.

☐ Petitioner should be allowed to move more than 60 miles further distant from the other parent without advance notice because good cause exists.

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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.)*

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

☐ 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*)

☐ This order should remain in place ☐ and includes provisions for medical support for the child/ren, <u>or</u>

☐ 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 <u>either</u> (1) or (2) below:

(1) ☐ Cash child support should be paid by ☐ Petitioner to Respondent (or) ☐ Respondent to Petitioner beginning on the ☐ first or ☐ _____ day of the month following the date of the judgment and continuing on the same day of each month thereafter. The total payment per month should be $_____, which is the presumed correct amount as reflected on the child support guideline worksheets attached to this petition.

☐ Determined under the Oregon child support guidelines prior to judgment.

☐ The amount of support presumed correct under the guidelines would be unjust or inappropriate because _____.

(The reasons must also be shown on the support worksheets you attach to this petition.)

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

☐ An order, ☐ including medical support, for child support in the monthly amount of $_____ has already been ordered in Circuit Court case number _____in _____ County, Oregon.

☐ Other reason: _____

_____

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

Complete (1) or (2):

(1) **Private Health Care Coverage is Appropriate and Available.**

☐ Petitioner ☐ Respondent ☐ Both Petitioner and Respondent has/have appropriate private health care coverage available for the parties' child/ren through an employer, spouse, domestic partner or other source. ☐ Petitioner ☐ Respondent ☐ Both Petitioner and Respondent should be required to obtain and maintain this coverage throughout the period of the support obligation for the benefit of the parties' child/ren.

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

(2) **No Private Health Care Coverage is Appropriate or Available.**

☐ Neither Petitioner nor Respondent has appropriate private health care coverage available for the parties' child/ren. ☐ Petitioner ☐ Respondent ☐ Both Petitioner and Respondent should be ordered to provide appropriate private health care coverage for the child/ren when such coverage becomes available to them at a reasonable cost through any source.

☐ The custodial parent should enroll the child/ren in public health care coverage.
☐ The child/ren are currently enrolled in public health care coverage.

Complete (3) or (4):

(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

☐ Neither parent has appropriate private health care coverage available for the parties' child/ren. ☐ Petitioner should pay cash medical support in the monthly amount of $_____ to Respondent. ☐ Respondent should pay cash medical support in the monthly amount of $_____ to Petitioner.

(4) **Cash Medical Support Should Not Be Ordered.**

☐ Cash medical support should not be ordered for the following reasons:

☐ The parent paying cash child support is also providing health care coverage.

☐ Petitioner's ☐ Respondent's gross monthly income is at or below the Oregon minimum wage for full-time employment or is eligible for Oregon public assistance.

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

☐ Other reason: _____

_____

☐ All payments of child support should be made to the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309 ☐ **by electronic payment withdrawal (EPW) or electronic funds transfer (EFT)**. In addition, support for a child attending school (between the ages of 18 and 21) as defined by Oregon law shall be distributed by the Department of Justice directly to the child subject to ORS 107.108.

☐ ***(Applies only if support enforcement services are <u>not</u> being provided.)***
Petitioner requests an exception to the income withholding requirement of ORS 25.378 allowing payment to be made directly to ☐ Petitioner's ☐ Respondent's checking or savings account. 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>
☐ Petitioner should pay _____% ☐ and Respondent should pay _____% of the reasonably incurred uninsured HEALTH, ACCIDENT, DENTAL, ORTHODONTIC, AND OPTICAL HEALTH costs incurred by the child/ren. ☐ 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.)*
☐ Petitioner ☐ Respondent shall be entitled to claim the following child(ren) as dependent(s) for tax purposes beginning the year this judgment is entered *(list names)*: _____
_____
OR
☐ Other *(specify)*: _____

11. Life Insurance Coverage for Child/ren.
☐ Petitioner ☐ 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.
☐ No spousal support or spousal life insurance claims are made in this case.
☐ Additional page attached, see Page 5a labeled "Spousal Support and Life Insurance."

14. Real Property.

☐ 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: ☐ equitably, or ☐ as follows: _____

_____

_____

☐ Additional page labeled "Paragraph 14 - Real Property Distribution 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.

15. Personal Property (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 neither should claim those items now in possession of the other.

The Petitioner should be awarded: ☐ an equitable distribution of the parties' personal property, or ☐ 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: ☐ an equitable distribution of the parties' personal property, or ☐ the following personal property: _____

_____

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

☐ 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.

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

_____

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

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

	Petitioner	Respondent
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).

☐ 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: ☐ Petitioner ☐ Respondent ☐ Both parties equally ☐ 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.

☐ To be paid by both parties equally

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

☐ 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.

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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

_____
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 certify that this is a true copy:

_____
Petitioner (signature)