# IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF \_\_\_\_\_

In the Matter of $\Box$ the Marriage of:		riage of: )	
	Petit	) ioner, ) ) )	Case No PETITION FOR DISSOLUTION OF MARRIAGE/ DOMESTIC PARTNERSHIP Filing Fees at ORS 21.155 (Marriage) and ORS 21.135 (RDP)
	Resp	, ) pondent. ) )	CLAIM  SUBJECT  NOT SUBJECT TO  MANDATORY ARBITRATION
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. **Statement of Residency.**

Spouses: One or both of the parties to this case currently live in the county in which this petition is being filed. 

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.

<u>Domestic Partners</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.

- 4. No other domestic relations suit or support proceeding involving this marriage/domestic partnership is pending in this or any other state.
- 5. There are no children under the age of 18 to this marriage, OR no child of this marriage/partnership is age 18 to 21 and a "child attending school" as defined in ORS 107.108.
- 6. 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 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.
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### 7. Spousal Support and Life Insurance.

 $\Box$  No spousal support or life insurance claims are made in this case (skip the rest of paragraph 7).

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

 $\hfill\square$  The date Respondent was served with the petition and continuing on the same day of each month thereafter.

☐ All payments of spousal support should be made 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.

Spousal support payments are taxable to the obligee spouse and deductible to the obligor spouse. All payments terminate upon the death of either party.

### 8. Life Insurance.

 $\Box$  Petitioner  $\Box$  Respondent should buy and maintain life insurance for the benefit of  $\Box$  Husband  $\Box$  Wife throughout the period of the spousal support obligation, in the amount of \$\_\_\_\_\_

### 9. 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:\_\_\_\_\_

 $\Box$  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.

# **10.** 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: \_\_\_\_\_\_

 $\Box$  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 av	varded: 🗌 an equitable distributi	ion of the parties' pers	ional property, or
$\Box$ the following personal property: _			

 $\Box$  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.

□ Additional page attached; see section labeled "paragraph 10 continued."

### **11. 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 11 continued".

Each spouse/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/partner. Also, if any creditor asks the spouse/partner not responsible for a debt to pay all or a portion of it, and he or she does so, the spouse/partner responsible for that

debt should reimburse the other spouse/partner 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. 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: \_\_\_\_\_\_\_

	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).
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).

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

Additional page labeled "Paragraph 14 continued" attached.

#### 15. **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:

#### **Costs and Fees Paid by the Parties B**.

□ 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

□ Petitioner □ Respondent should reimburse the other spouse 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.

16. **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)

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)