

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 |
| |) | |
| and |) | DOMESTIC RELATIONS CASE SUBJECT |
| |) | TO FEE UNDER ORS 21.111 |
| _____ , |) | |
| Respondent. |) | CLAIM <input type="checkbox"/> SUBJECT <input type="checkbox"/> NOT SUBJECT TO |
| |) | MANDATORY ARBITRATION |

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. The wife husband is an Oregon resident and has 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 children under the age of 18 to this marriage, OR no child of this marriage is age 18 to 21 and a "child attending school" as defined in ORS 107.108..

7. 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.

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

A. Spousal Support.

Support should be paid by Husband to Wife Wife to Husband:

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 spousal maintenance based on consideration of the following factors (list): _____

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 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.

Husband Wife should buy and maintain life insurance for the benefit of Husband Wife throughout the period of the spousal support obligation, in the amount of \$ _____.

C. Medical Coverage.

Husband Wife should buy and maintain health, accident, dental and optical insurance for the benefit of Husband Wife, if insurance is available through his/her employment, group or union. The insurance payments should be additional spousal support, and should be treated as such for tax purposes.

If coverage for a former spouse is available through the purchasing spouse's employment, group or union, and this membership is later terminated, the purchasing spouse should notify the other spouse of this before or immediately upon termination.

9. Real Property.

Neither wife nor husband has any interest in any real property located in this or any other state.

Husband Wife has/have an interest in real property located at the address of: _____

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

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).**

The wife and husband 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 wife should be awarded: an equitable distribution of the parties' personal property, or the following personal property: _____

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

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

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

Additional page attached; see section labeled "paragraph 9 continued."

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 (Husband or Wife) |
|---|------------------|--------|-------------------------------------|
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Additional page attached, labeled, "paragraph 11 continued".

Each spouse 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. 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. **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 Husband Wife or a child _____ for the following reasons: _____

Otherwise:

| | Wife | Husband |
|----------------------------|--|--|
| Full Name | | |
| Former Legal Name(s) | | |
| Age | | |
| Address or Contact Address | | |
| Telephone Number | | |
| Social Security Number | Do not list. Provide by UTCR 2.100 Affidavit. | Do not list. Provide by UTCR 2.100 Affidavit. |
| Drivers License Number | | |
| Employer Name | | |
| Employer Address | | |
| | | |
| Employer Telephone | | |

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: Husband Wife 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

Husband Wife 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. **NOTICE - Application for Waiver of 90-Day Waiting Period.** If Respondent does not respond to this pleading or otherwise appear in this action, Petitioner may, without further notice to Respondent, apply for a Waiver of the 90 Day Waiting Period where the requirements of ORS 107.065 are otherwise met.
- 17. **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

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)