

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

In the Matter of the Marriage or Registered Domestic Partnership (RDP) of:

Case No: _____

Petitioner
and

**PETITION FOR DISSOLUTION
OF MARRIAGE RDP**

Filing fees at ORS 21.155 (marriage) &
21.135 (RDP)

Respondent

Claim { is is not } subject to
mandatory arbitration

and

Unmarried children 18, 19, or 20 years old (per ORS 107.108) (*full names*)

➤ I need an interpreter: Spanish Russian other: _____

Date of marriage or registration of RDP: _____

Place of marriage or registration of RDP: _____ (County, State)

1. My spouse or partner and I have differences so great our marriage/RDP cannot be repaired

2. Residency

Marriage Only: At least one spouse currently lives in Oregon **and** that same spouse has lived in Oregon continuously for 6 months prior to filing this *Petition*. At least one spouse currently lives in the county where this *Petition* is being filed.

Registered Domestic Partnership Only:

At least one partner currently lives in Oregon **and** that same partner has lived in Oregon continuously for 6 months prior to filing this *Petition*. At least one partner currently lives in the county where this *Petition* is being filed

or

Neither partner currently lives in Oregon and this *Petition* is being filed in the county where { Petitioner Respondent } last lived

3. Children of Petitioner and Respondent conceived, born, or adopted during or prior to the marriage/RDP and any children otherwise legally recognized as children of both parties:

Name	Age

Additional children listed on page attached titled "Section 3 – Additional Children"

Name and age of any child conceived or born during this marriage/RDP who is NOT the child of both parties _____

Neither party is now pregnant

Petitioner Respondent is pregnant (and) the other party is is not the parent of this child. The expected date of the child's birth is _____

4. By filing this petition, I acknowledge that I am bound by the terms of the **Statutory Restraining Order (SRO)** prohibiting either party from disposing of marital/partnership assets. I understand that this restraining order is effective as soon as this *Petition* and the *Summons* are served on Respondent.

5. Other Case Information

5A. Pending Cases

List any other domestic relations case that has been started but not yet finished in any state between the parties (*including child or spousal/partner support, dissolution (divorce), annulment, separation, custody, paternity, juvenile court, or modifications*)

Name of Court or Agency	Case No.	Involves: (check all that apply)
		<input type="checkbox"/> Dissolution, annulment, or separation <input type="checkbox"/> Spousal/partner support <input type="checkbox"/> Child Support <input type="checkbox"/> Custody/Parenting Time <input type="checkbox"/> Restraining Order <input type="checkbox"/> Juvenile Dependency/Delinquency
		<input type="checkbox"/> Dissolution, annulment, or separation <input type="checkbox"/> Spousal/partner support <input type="checkbox"/> Child Support <input type="checkbox"/> Custody/Parenting Time <input type="checkbox"/> Restraining Order <input type="checkbox"/> Juvenile Dependency/Delinquency

Additional information attached

5B. Existing Orders or Judgments

List any existing order or judgment in this or any other state between the parties **and** attach a copy of the signed order or judgment (*including child support (whether or not it is currently effective), dissolution (divorce), annulment, separation, custody, paternity, juvenile court, modification, or restraining/protective orders*)

Name of Court or Agency	Case No.	Date Signed	Involves: (check all that apply)
			<input type="checkbox"/> Dissolution, annulment, or separation <input type="checkbox"/> Spousal/partner support <input type="checkbox"/> Child Support <input type="checkbox"/> Custody/Parenting Time* <input type="checkbox"/> Restraining Order <input type="checkbox"/> Juvenile Dependency/Delinquency
*Result (if custody/parenting time):			

			<input type="checkbox"/> Dissolution, annulment, or separation <input type="checkbox"/> Spousal/partner support <input type="checkbox"/> Child Support <input type="checkbox"/> Custody/Parenting Time* <input type="checkbox"/> Restraining Order <input type="checkbox"/> Juvenile Dependency/Delinquency
*Result (if custody/parenting time):			
			<input type="checkbox"/> Dissolution, annulment, or separation <input type="checkbox"/> Spousal/partner support <input type="checkbox"/> Child Support <input type="checkbox"/> Custody/Parenting Time* <input type="checkbox"/> Restraining Order <input type="checkbox"/> Juvenile Dependency/Delinquency
*Result (if custody/parenting time):			
			<input type="checkbox"/> Dissolution, annulment, or separation <input type="checkbox"/> Spousal/partner support <input type="checkbox"/> Child Support <input type="checkbox"/> Custody/Parenting Time* <input type="checkbox"/> Restraining Order <input type="checkbox"/> Juvenile Dependency/Delinquency
*Result (if custody/parenting time):			

Additional information attached

CHILDREN

<input type="checkbox"/> A No-Contact Order (criminal or other) prohibits Respondent from exercising parenting time Case # _____ County/State: _____

6. UCCJEA Information (Uniform Child Custody Jurisdiction and Enforcement Act)

You must advise the court if any of this information changes

6A. Besides those listed above, list any case about the CUSTODY or PARENTING TIME (visitation) of the minor children named in this case that you participated in (*include any that were filed but dismissed or denied by the court, and any filed by or against someone other than the Petitioner and Respondent in this case.*)

Name of Court	State	Case No.	Date of final decision	Result <i>(include names of affected children)</i>

6B. List any OTHER legal proceeding that may affect the outcome of this case (*including enforcement of domestic violence or protective orders, adoption, termination of parental rights, or guardianship involving any of the children pending in any state*)

Name of Court or Agency	State	Case No.	Type of Case	Affected Children

6C. List the places where the **minor** children have lived in the last five years, the names of the people they lived with at that time, and *current* contact addresses for those people

Current:

Child's Name	Current Address	Lives with:
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other: _____

Residences:

Dates From/To	County, State	Name of Parent/Caretaker	Contact Address of Parent/Caretaker	Which Children

Additional page attached titled "Section 6A-UCCJEA"

Additional Caregivers:

Dates From/To	Name of Parent/Caretaker	Where did they live with this caretaker?	Contact Address of Parent/Caretaker	Which Children

6D. The children listed in Section 3 have continuously lived in Oregon for the six months before the filing of this *Petition*, except for the children named below

The following children have **not** live in Oregon continuously for six months:

(names) _____

There is another basis for Oregon to address these children. *Explain:* _____

6E. I do not know any person other than the other parent who has physical custody of the children or who claims to have custody, visitation, or parenting time rights

except for (*list name and address*): _____

7. Custody and Parenting Time

Custody of the children should be awarded as follows:

Parties should have joint custody of the following children (*list names*): _____

I should be awarded sole custody of the following children (*list names*): _____

Respondent should be awarded sole custody of the following children (*list names*): _____

Parenting time should be awarded as set forth in the attached **Parenting Plan**, labeled Exhibit _____ **or** as follows _____

Parenting time should be supervised by _____

Any cost of supervision should be paid by Petitioner Respondent Other: _____

Respondent should not be granted parenting time because this would endanger the health or safety of the children. **State supporting facts:** _____

Relocation

I should be allowed to move more than 60 miles further distant from the respondent without advance written notice because good cause exists (*explain*): _____

Contact Information

I should not be required to provide contact information to Respondent or to contact Respondent in case of emergency circumstances or substantial change in the health of the children (*explain*): _____

Parental Authority under ORS 107.154

Respondent should not have authority under ORS 107.154 (*explain*): _____

8. Support

A. Child Support

<input type="checkbox"/> There IS an existing child support order in the monthly amount of \$ _____ from (<i>county, state</i>) _____ The court case # is _____ and the Child Support Program (CSP)# is _____ <input type="checkbox"/> I do not want to change this amount (<i>skip to section 8D, below</i>) <input type="checkbox"/> I do want to change this amount because circumstances have changed significantly since the order was issued. <i>Explain the change</i> _____ _____ _____ <i>(fill in the sections below with the new amount you are requesting)</i>

(or)

<input type="checkbox"/> There IS NOT an existing child support order from any other court or agency <input type="checkbox"/> I am not requesting child support <i>because</i> _____ _____ <i>(skip to section 8E, below)</i> <input type="checkbox"/> I am requesting child support (<i>fill in the sections below</i>)

A.1. **Support** (*including Cash Medical Support, see instructions*) **is presumed to be unavailable** because the parent who would pay (*check all that apply*):

- receives cash payments from a **public assistance** program including TANF or SSI
- is (or is expected to be) **incarcerated** (in jail or prison for at least 6 months)

Support should be ordered despite the presumption (*explain why and complete section 8.A.2, below*): _____

A.2. Support should be ordered payable:

by Petitioner Respondent
to Petitioner Respondent Adult Child Attending School (*name*): _____
on the first day of each month
beginning the month following entry of this judgment *or* the date of service
of this *Petition*

The total monthly amount should be:

- Determined under the Oregon child support guidelines prior to judgment
(or)
- \$ _____, which is (*check one*)
 - the amount presumed correct as reflected on the child support guideline worksheets attached to this petition **(or)**

different from the amount presumed correct by the child support guidelines because the guideline amount would be unjust or inappropriate (*explain*): _____

B. Medical Support

- Medical support has already been ordered in another case as noted in Section 4 above
- The existing order should not be changed. (*skip to Section C below*)
 - The existing order should be changed (*fill out the sections below*). I have also requested a change of child support above.

If medical support has not been ordered in another case, complete sections below

B.1. Health Insurance Coverage

Petitioner Respondent both parents should be ordered to provide health insurance coverage throughout the period of the child support obligation

Cash Medical Support

(If health insurance is not available, then the parent who is ordered to pay child support will also be ordered to pay cash medical support according to the Child Support Guidelines unless the court finds reason not to)

Cash Medical Support should **not** be ordered because:

- Support is presumed to be unavailable for the reason marked in Section 8.A.1, above (*Note: if you asked that support be awarded anyway, do not mark this box*)
- the parent paying child support has income at or below Oregon’s minimum wage for full-time employment, so cash medical support should not be ordered
- The children’s medical needs will be met by the *Uninsured Medical Expenses* provision below
- Other (*explain*): _____

B.2. Uninsured Medical Expenses

Uninsured medical expenses should not be awarded

or

Petitioner should pay _____% and Respondent should pay _____% of the unreimbursed costs of the children’s reasonable medical, dental, and vision care. This does not include ordinary expenses like nonprescription medication, bandages, vitamins, and copays for regular checkups, which the parents are presumed to provide for the children in proportion to their parenting time. This obligation is in addition to any child support **and** will be **offset** by any cash medical support ordered above.

or

This obligation should be **in addition** to any child support and cash medical support ordered above

C. Payment

How should payments be made?

I understand that payments will be made by income withholding unless an exception applies

I request an exception to the income withholding requirement of ORS 25.378 so that payment can be made another way because good cause exists

Petitioner and Respondent have agreed in writing to the following alternative payment method (*explain*): _____

Other exception under ORS 25.396 (*explain*): _____

Where should payments go?

All support payments should be made to the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309

or

An exception to income withholding applies as noted above. All support payments should be made to the recipient’s checking or savings account. The receiving parent should be ordered to provide the paying parent with current deposit slips or bank name, account name, and account number.

or

Other (*explain*): _____

(only available if you request an exception to income withholding, above)

Adult Child Attending School

The Division of Child Support (DCS) should pay support for an adult child attending school directly to the child unless good cause exists for payment to be made another way

GOOD CAUSE exists for DCS not to pay support directly to a child attending school (*explain*): _____

D. Length of child support

Support should end when the last child (*check one*):

reaches age 18, or if the child qualifies as a child attending school under ORS 107.108, age 21

reaches age 18

or becomes self-supporting, emancipated, or married

E. Tax Dependents

(Note that the judgment is not binding on the IRS and will not provide a defense if the parties fail to comply with IRS regulations in any given tax year. Speak to a lawyer or tax professional.)

Petitioner Respondent should be permitted to claim the following children as dependents for tax purposes beginning with the **tax** year this judgment is

entered. The other parent must complete any IRS waivers or forms necessary to accomplish this order in each tax year and must not file contradictory tax returns.
 List names: _____

OR

Other (specify): _____

F. Life Insurance Coverage for Children

The party paying support should carry life insurance for the benefit of the parties' children throughout the period of the support obligation. The coverage should be in the amount of \$ _____

9. Additional Provisions _____

Additional page attached titled "Section 9 - Additional Provisions"

SPOUSAL/PARTNER SUPPORT

10. Spousal/Partner Support and Life Insurance

A. Support

- No spousal/partner support is requested **or**
- Spousal/partner support should be paid by Petitioner to Respondent (or)
- Respondent to Petitioner

<i>Type of Support:</i>	<i>Payment Terms:*</i>	<i>Based on these factors:</i>
Transitional \$ _____	<input type="checkbox"/> monthly payments beginning the month following: ➤ <input type="checkbox"/> entry of this judgment <i>or</i> ➤ <input type="checkbox"/> the date of service of this <i>Petition</i> ➤ <input type="checkbox"/> <i>or</i> _____ Ending*: Or <input type="checkbox"/> lump sum payable by (date): _____	
Compensatory \$ _____	<input type="checkbox"/> monthly payments beginning the month following: ➤ <input type="checkbox"/> entry of this judgment <i>or</i> ➤ <input type="checkbox"/> the date of service of this <i>Petition</i> ➤ <input type="checkbox"/> <i>or</i> _____ Ending*: Or <input type="checkbox"/> lump sum payable by (date): _____	
Maintenance \$ _____	<input type="checkbox"/> monthly payments beginning the month following: ➤ <input type="checkbox"/> entry of this judgment <i>or</i> ➤ <input type="checkbox"/> the date of service of this <i>Petition</i> ➤ <input type="checkbox"/> <i>or</i> _____	

	Ending*:	
	Or <input type="checkbox"/> lump sum payable by (date): _____	

**All monthly payments are due by the 1st of the month. All payments end on the death of either party (unless an earlier event is specified above)*

Choose ONE option:

All support payments should be made directly into recipient’s checking or savings account. The spouse or partner receiving support must provide the paying spouse or partner with either current deposit slips or their bank name, account name, and account number.

To the Department of Justice, Child Support Accounting Unit, PO Box 14506, Salem, OR, 97309. The Department of Justice should provide all collection, accounting, disbursement, and enforcement services.

C. Life Insurance

The party paying support should carry life insurance for the benefit of the other party throughout the period of the support obligation. The coverage should be in the amount of \$ _____

PROPERTY AND DEBTS

11. Real Property

Neither party has any interest in any real property in Oregon or any other place
 Both parties have *or* { Petitioner Respondent has} an interest in real property at:
 (address) _____

Additional page attached titled “Section 11 - Real Property”

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

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

12. Personal Property

(Retirement benefits can be divided. See a lawyer if you want to do that.)

The Petitioner and Respondent have divided between them all personal property that they own. This includes all personal effects, household goods, motor vehicles, pets, and other items of property. Neither party should claim items now in the possession of the other.

or

Petitioner and Respondent should be awarded an equitable distribution of the parties’ personal property. This includes retirement benefits, pension plans, profit-sharing plans, deferred-compensation plans, and stock option plans held by the parties.

or

The parties' personal property should be divided as follows, with equitable distribution of any property not listed:

Petitioner should be awarded the following personal property: _____

Additional page attached titled "Section 12 - Petitioner's Personal Property"

Petitioner should be awarded all of Petitioner's retirement benefits, pension plans, profit-sharing plans, deferred-compensation plans, and stock option plans held by Petitioner's employer, free of any interest by Respondent.

Respondent should be awarded the following personal property: _____

Additional page attached titled "Section 12 - Respondent's Personal Property"

Respondent should be awarded all of Respondent's retirement benefits, pension plans, profit-sharing plans, deferred-compensation plans, and stock option plans held by Respondent's employer, free of any interest by Petitioner.

13. Distribution of Debts 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 titled "Section 13 - Distribution of Debts"

Each spouse or partner should be responsible for the payment of all debts incurred individually since the date of their separation, all debts distributed to him or her by the court, *and* all debts secured by property distributed to him or her

Debts should be divided as of *(date)*: _____

Transfer of Debts and Property

Each party should be ordered to complete all property transfers required by the judgment within 30 days of the date of judgment. Each 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 if the either party fails to comply with this requirement.

14. Former Name

My former name of _____ should be restored
(write the FULL name – first, middle, and last)

15. Information required by ORS 107.085

Age of Petitioner: _____ Age of Respondent: _____

Respondent's contact address: _____

A *Confidential Information Form* (CIF) has been completed and filed with the court clerk containing all information required by ORS 107.085 that is identified as confidential by UTCR 2.130 for: Petitioner Respondent each adult child

16. Court Costs and Fees for this case (whether paid or deferred)

- Each party should be responsible for paying his or her own costs and fees
- Costs and fees should be paid by both parties equally
- Respondent should reimburse Petitioner for costs and fees paid
- Other: _____

I request a Judgment granting the relief asked for above, and other equitable relief that the court finds just.

Certificate of pending/existing child support proceedings

- There is is not a PENDING child support proceeding
- There is is not an EXISTING child support order or judgment

Information about any pending or existing child support proceedings is included above

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand they are made for use in court and I am subject to penalty for perjury.

Date

Signature

Print Name

Contact Address

City, State, Zip

Contact Phone