

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/RDP: \_\_\_\_\_

Place of marriage/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. Pending/Existing Child Support**

*A Certificate Re: Pending Child Support Proceedings and/or Existing Child Support Orders/Judgments must be included with this Petition in all cases*

(a) Has any other child support case been started or finished in any state regarding any of the children in Section 3?  No  Yes

(b) Is any other divorce, annulment, separation, or spousal/partner support case started in any state?  No (or)  Yes -case number, court name, state, and type of case:

\_\_\_\_\_  
 Additional information attached titled "Section 4 - Other Domestic Relations Cases"

**5. 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.**

**CHILDREN**

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

**6A.** List the places where any of the children in Section 3 has lived in the last five years, the names of the people they lived with at that time, and *current* contact addresses for those people

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

Additional page attached; see section titled "Section 6A-UCCJEA"

**6B.**  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** lived in Oregon continuously for six months:

(names) \_\_\_\_\_  
 There is another legal basis for Oregon to address custody of these children. *Explain:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6C.**  I have not participated in any legal case about the custody or parenting time of the children in Section 3 in any state **or**  I have participated in the following litigation:

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

Additional page attached; see section titled "Section 6C-UCCJEA"

**6D.** I do not know of any other proceeding that may affect the outcome of this case, including enforcement of domestic violence or protective orders, adoption, or termination of parental rights involving any of the children pending in any state

except for: \_\_\_\_\_  
*(identify affected children, court, case number, and the kind of proceeding)*

**6E.** I do not know any person besides 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 and affected children)*: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 <b>IS</b> an existing child support order in the monthly amount of \$ _____ from _____ county, state of _____ The court case # is _____ and the Child Support Program (CSP) # is _____ <input type="checkbox"/> I <b>do not</b> want to change this amount ( <i>skip to section 8D, below</i> ) <input type="checkbox"/> I <b>do</b> 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 <b>IS NOT</b> an existing child support order from any other court or agency <input type="checkbox"/> I <b>am not</b> requesting child support <i>because</i> _____ _____ _____ ( <i>skip to section 8D, below</i> ) <input type="checkbox"/> I <b>am</b> requesting child support ( <i>fill in the sections below</i> )
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**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) and has income less than \$200 per month

Support should be ordered despite the presumption (*explain why and complete section 2, below*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**2. Support should be ordered payable:**

by  Petitioner  Respondent

to  Petitioner  Respondent  Adult Child Attending School (*name*): \_\_\_\_\_

on the  first *or*  \_\_\_\_\_ 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*

**1. Private Health Insurance:**

**is** appropriate and available to (*check one or both*)  Petitioner  Respondent **and**

both parents have agreed to provide coverage **or**

Petitioner  Respondent should be ordered to keep insurance throughout the period of the child support obligation

**is not** appropriate or available to either parent

The parent awarded custody should enroll the children in public health insurance until private health insurance becomes available. The first parent with access to appropriate private health insurance for the children should be ordered to provide it.

**Cash Medical Support**

*(If no private health insurance is available to either parent, 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*): \_\_\_\_\_

**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**

Support for an adult child attending school as defined by ORS 107.108 should be paid by the Division of Child Support (DCS) 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"

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**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

Type of support and amount requested ( <i>check all that apply</i> ):	Monthly or Total	Based on the following factors ( <i>explain</i> ):
<input type="checkbox"/> transitional \$ _____ Ends:	<input type="checkbox"/> /mo <input type="checkbox"/> total	
<input type="checkbox"/> compensatory \$ _____ Ends:	<input type="checkbox"/> /mo <input type="checkbox"/> total	
<input type="checkbox"/> maintenance \$ _____ Ends:	<input type="checkbox"/> /mo <input type="checkbox"/> total	

**or**

- in an amount to be determined when the case is finalized

**B. Payments**

Payments should be made:

- on the  first or  \_\_\_\_\_ day of each month  
**beginning**  the month following entry of this judgment or  the date of service of this *Petition*

**or**

- in a lump sum by \_\_\_\_\_ (date)

Payments should end upon the death of either party or: \_\_\_\_\_

\_\_\_\_\_, whichever is sooner

*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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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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: \_\_\_\_\_

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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.

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**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.**

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**Certificate of Document Preparation.** Check all that apply:

- I chose this form for myself and completed it without paid help
- A legal help organization helped me choose or complete this form, but I did not pay money to anyone
- I paid (or will pay) \_\_\_\_\_ for help choosing, completing, or reviewing this form
- Guide & File selected and completed this form and I did not pay anyone to review the completed forms

**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

\_\_\_\_\_  
Petitioner (signature)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Contact Phone