

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

In the Matter of  the Marriage of: )  
 )  
\_\_\_\_\_, )  
 ) Petitioner, )  
 ) and )  
\_\_\_\_\_, )  
 ) Respondent. )

Case No. \_\_\_\_\_

PETITIONER’S AFFIDAVIT SUPPORTING  
JUDGMENT OF DISSOLUTION

STATE OF OREGON )  
 ) ss.  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being first duly sworn, say: I am the petitioner in this proceeding. The parties were married/registered on (date): \_\_\_\_\_, in the County of \_\_\_\_\_, State of \_\_\_\_\_. Irreconcilable differences between the spouses/partners has caused the irremediable breakdown of the marriage/domestic partnership.  Petitioner  Respondent was an Oregon resident continuously for at least six months immediately prior to commencement of this suit.  No domestic relations suits involving this marriage/partnership of Petitioner and Respondent are pending in any other court.

There are no unemancipated children under the age of 18 to this marriage/partnership, OR no child of this marriage/partnership is age 18 to 21 and a “child attending school” as defined in ORS 107.108.

Neither party is now pregnant.

Respondent has not appeared in this matter and an Order of Default has been entered.

Respondent filed a response and later  signed and filed a Waiver of Further Appearance and Consent to Entry of Judgment, (or)  has waived further hearing by stipulating to the terms of the Judgment.

This case is now ready for a hearing on the merits. I make this affidavit in support of a Judgment of Dissolution of Marriage/Domestic Partnership without a hearing. The allegations in my Petition are true and it is just and reasonable the relief requested in the proposed judgment be granted.

The request for spousal support is supported by the following facts:

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

**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 form myself, and I completed it without paid assistance.
- I paid or will pay money to \_\_\_\_\_ for assistance in preparing this form.

Dated: \_\_\_\_\_, 20\_\_\_\_.

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Petitioner's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

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Address or Contact Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone or Contact Telephone \_\_\_\_\_

SIGNED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

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Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_