

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  
GENERAL JUDGMENT OF SEPARATION

STATE OF \_\_\_\_\_ )  
 ) 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 us have caused a temporary or unlimited breakdown of our marriage/domestic partnership.

The parties have entered into an agreement that will be filed with the Court suspending for a period of not less than one year our obligation to live together as husband and wife.

Irreconcilable differences exist between the parties and the continuation of the marriage/domestic partnership preserves or protects their legal, financial, social or religious interests.

Marriage Only:  I certify that one or both of the parties to this case currently live in the county in which this petition is being filed.

Domestic Partnership Only  I certify that one or both of the parties to this case currently live in the county in which this petition is being filed, or  neither party currently resides in Oregon but I certify that this petition is filed in the county where  Petitioner or  Respondent last resided.

No domestic relations suits involving this marriage/domestic partnership of Petitioner and Respondent are pending in any other court.

There are \_\_\_\_\_ child/ren of the marriage. The  Petitioner  Respondent is pregnant with spouse/partner's child. The  Petitioner  Respondent was cohabiting with his/her spouse/domestic partner when the child was conceived. The expected date of the child/ren's birth is \_\_\_\_\_

Neither party is now pregnant.

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Child/ren named \_\_\_\_\_ were born to  Petitioner  Respondent on the following dates \_\_\_\_\_, during this marriage/domestic partnership. The  Petitioner  Respondent is not the parent of the child/ren. The  Petitioner  Respondent was not cohabiting with his/her spouse/domestic partner when the child was conceived.

The  Petitioner  Respondent is pregnant at this time and his/her spouse/domestic partner is not the parent of this/these child/ren. The  Petitioner  Respondent was not cohabiting with his/her spouse/domestic partner when this/these child/ren was/were conceived. The expected date of the child/ren's birth is \_\_\_\_\_.

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 Supplemental Judgment of Separation without a hearing. The allegations in my Petition are true and it is just and reasonable that the relief requested be granted in the proposed judgment.

Child custody or child support is involved in this case and at the time of filing:

The child/ren had continuously resided in Oregon for six months before this case was filed.

List any other basis for child custody jurisdiction \_\_\_\_\_

The current residence of the minor child/ren is/are:

Name of Child	Resides With (Name, Address or Contact Address)	For How Long

Additional page attached, labeled "Information About Child/ren, Continued."

Parenting time should not be ordered because my child/ren's health or safety would be endangered because: \_\_\_\_\_

I have good reason for the court to allow me to move more than 60 miles further distant from the other parent without giving written advance notice to the other parent. My good cause is: \_\_\_\_\_

Child support or spousal support is involved: Petitioner's average gross monthly income is approximately \$\_\_\_\_\_. Respondent's average gross monthly income is approximately \$\_\_\_\_\_. Work or school related daycare is \$\_\_\_\_\_/month and is paid by  Petitioner  Respondent. Health insurance for our child/ren costs \$\_\_\_\_\_/month out of pocket and is paid by  Petitioner  Respondent.

The child support amount I have requested  does not deviate from the amount presumed correct under Oregon Administrative Rules, or  does deviate from the presumed amount of \$ \_\_\_\_\_ per month because: \_\_\_\_\_

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Child support is involved and Respondent does not live in Oregon.

*(If you checked the box above, check any of the following boxes that are true)*

Respondent was personally served with the petition in Oregon.

Respondent lived in Oregon with the child.

Respondent lived in Oregon and paid expenses for the birth or support of the child.

The child was possibly conceived in Oregon.

The child lives in Oregon because of the wishes of Respondent.

Respondent and I both lived in Oregon at the same time (either together or separately) during the marriage for a period of six months, beginning *(list dates)* \_\_\_\_\_ and ending on \_\_\_\_\_ and less than one year has passed since respondent moved to a new residence out of state.

Other basis for jurisdiction: \_\_\_\_\_

A child support order currently exists and I requested that this court issue a new order because the existing order was issued by an Oregon court or agency, one of the parents or the child/ren receiving support under the order still resides in Oregon, and circumstances have changed since the first order was entered. The changed circumstances are *(explain what has changed since the last order)*: \_\_\_\_\_

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Petitioner or  Respondent has/have appropriate **private** health care coverage available for the parties' child/ren either through an employer, union, or other source, or through a domestic partner, spouse or other family member residing with them *(describe type of coverage)*: \_\_\_\_\_

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I request that  Petitioner  Respondent be ordered to maintain this coverage throughout the period of the support obligation for the benefit of the parties' child/ren.

Both Petitioner and Respondent have appropriate **private** health care coverage available for the parties' child/ren. I select the following health care coverage to be maintained throughout the period of the support obligation:  Petitioner's  Respondent's  Both Petitioner's and Respondent's *(describe type/s of coverage)*: \_\_\_\_\_

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Neither Petitioner nor Respondent has appropriate **private** health care coverage available for the parties' child/ren and,

Petitioner  Respondent  Both Petitioner and Respondent should be ordered to apply for and enroll the child/ren in **public** health care coverage.

Petitioner  Respondent has already applied to enroll the child/ren in **public** health care coverage. This coverage should be maintained if the child/ren are accepted for enrollment.

The child/ren are currently enrolled in **public** health care coverage. This coverage should be maintained.

Both Petitioner and Respondent should be ordered to provide appropriate **private** health care coverage when such coverage becomes available to them through any source.

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Petitioner should pay \_\_\_\_\_%  and Respondent should pay \_\_\_\_\_% of the uninsured HEALTH, ACCIDENT, DENTAL, ORTHODONTIC, AND OPTICAL HEALTH costs incurred by the child/ren. This obligation is in addition to any cash medical support requested in paragraph 10(D) as part of the child support award.

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

I request that personal information, such as telephone number, address and employment information, not be disclosed in the court's judgment as otherwise required by ORS 25.020 and ORS 107.085 because my health, safety or liberty, or that of my child/ren \_\_\_\_\_ would unreasonably be put at risk by such disclosure. **State supporting 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\_\_\_\_\_.

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

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