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

In the Matter of ☐ the Marriage of:	)	
	)	
_____,	)	Case No. _____
Petitioner,	)	
	)	
and	)	SUMMONS
	)	
_____,	)	DOMESTIC RELATIONS SUIT
Respondent.	)	

TO: _____, Respondent.

Home Address	Work Address
_____	_____
_____	_____

Your spouse/partner has filed a Petition asking for dissolution of your marriage/domestic partnership (and possibly related relief). If you do not file the appropriate legal paper with the court in the time required (see below), your spouse/partner may ask the court for a judgment against you that orders the relief requested.

NOTICE TO RESPONDENT: READ THESE PAPERS CAREFULLY!

You must "appear" in this case or the other side will win automatically. To "appear," you must file with the Court a legal paper called a "Response" or "Motion." Response forms may be available through the court located at: _____. This Response must be filed with the court clerk or administrator within thirty (30) days along with the required filing fee. It must be in proper form and you must show that the Petitioner's attorney (or the Petitioner if he/she does not have an attorney) was served with a copy of the "Response" or "Motion." The location to file your response is at the court address indicated above.

If you have questions, you should see an attorney immediately. If you need help finding an attorney, you may call the Oregon State Bar's Lawyer Referral Service at (503) 684-3763 or toll free in Oregon at (800) 452-7636.

If special accommodation under the Americans with Disabilities Act is needed, please contact your local court at the address above; telephone number: _____.

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.

_____
Petitioner, Signature Print Name

_____
Address or Contact Address City, State, Zip

_____
Telephone or Contact Telephone

I certify that this is a true copy

_____
Petitioner's Signature