

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  
 )  
Respondent. ) DOMESTIC RELATIONS SUIT

TO: \_\_\_\_\_, Respondent.  
Home Address Work Address  
\_\_\_\_\_  
\_\_\_\_\_

The petitioner has filed a Petition asking for: \_\_\_\_\_

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 of the date of first publication specified herein: \_\_\_\_\_ (date) 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 contact the Oregon State Bar’s Lawyer Referral Service online at [www.oregonstatebar.org](http://www.oregonstatebar.org) or by calling (503) 684-3763 (in the Portland metropolitan area) or toll free elsewhere 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  
\_\_\_\_\_  
Petitioner’s Signature