

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

In the Matter of the Marriage/
Domestic Partnership of:)
)
)
_____,)
Petitioner,)
and)
)
_____,)
Respondent.)

Case No. _____

PETITIONER'S RESPONDENT'S
AFFIDAVIT SUPPORTING
JUDGMENT OF DISSOLUTION

STATE OF _____

County of _____

I, _____, being first duly sworn, say: I am the Petitioner
 Respondent 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.

Spouses: I certify that one or both of the parties to this case was a resident of and domiciled in the state of
Oregon continuously for the six months immediately prior to the filing of the Petition for Dissolution of Marriage and that
one or both of the parties lived in Washington County when the petition was filed.

Domestic Partners: I certify that one or both of the parties to this case currently live in the county where the
petition was filed, or neither party currently resides in Oregon but the petition was 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 *(how many)* _____ child/ren of the marriage/domestic partnership. The Petitioner
Respondent is pregnant with spouse's/partner's child. The parties were cohabiting when the child was conceived. The
expected date of the child/ren's birth is _____.

Neither party is now pregnant.

The Petitioner Respondent is **not** the parent of the child/ren named _____
_____ who were born to Petitioner Respondent
on the following dates _____, during this marriage/domestic partnership. The
parties were not cohabiting when the child was conceived.

Petitioner Respondent is pregnant at this time and his/her spouse/domestic partner is not the parent of this child. The parties were not cohabiting when this child was conceived. The expected date of the child'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 Judgment of Dissolution of Marriage/Domestic Partnership without a hearing. The allegations in my Petition are true, and it is just and reasonable that the requested relief 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 has/have 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. **State supporting facts:** _____

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 or could be involved (**You are required to complete this section even if child support is not ordered.**) Petitioner's average gross monthly income is \$_____. Respondent's average gross monthly income is \$_____. Work or school related daycare is \$_____/month 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: _____

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/domestic partnership 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)

Petitioner has **private** health care coverage available to cover the child/ren at an out-of-pocket cost of \$ _____ per month for the child/ren's portion of the coverage. This health care coverage should be ordered.

Respondent has **private** health care coverage available to cover the child/ren at an out-of-pocket cost of \$ _____ per month for the child/ren's portion of the coverage. This health care coverage should be ordered.

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

The custodial parent 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.

Petitioner should be ordered to provide appropriate **private** health care coverage when such coverage becomes available to him/her through any source.

Respondent should be ordered to provide appropriate **private** health care coverage when such coverage becomes available to him/her through any source.

Cash medical support should be ordered because:

Neither party has appropriate **private** health care coverage available for the child/ren.

The party receiving cash child support is also the party providing **private** health care coverage.

The child support worksheet submitted with my judgment shows that cash medical support should be \$ _____ per month.

Petitioner Respondent should pay, in addition to cash child support, cash medical support in the amount of \$ _____ per month.

Cash medical support should not be ordered because:

- Petitioner Respondent has income that is no more than full-time Oregon minimum wage.
- Petitioner Respondent is eligible for Oregon public assistance.
- The parties should share the child/ren's uninsured medical expenses as described below.
- Other reasons: _____

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 should be in addition to instead of cash medical support.

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 Respondent'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:
(do not sign on original)

Petitioner Signature