GUIDE TO COMPLETING YOUR FAMILY LAW PACKET

CLATSOP COUNTY CIRCUIT COURT FAMILY RESOURCE CENTER

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GENERAL INFORMATION

- Family Resource Center
  - Located on the Main Level of the Clatsop County Courthouse
  - 749 Commercial Street
  - Astoria, OR 97103
- Contact Us
  - Phone: 503-325-8555 Ext 319
  - Email: CLTFamilyResourceCenter@ojd.state.or.us

GENERAL INFORMATION

- Family Resource Center Hours of Operation: Walk-in Times
  - Monday, Wednesday, Friday from 8:30am to Noon
  - Tuesday, Thursday from 1:00pm to 4:30pm

- Walk-ins are first come, first served

- If you would like to schedule an appointment to review your documents, please fill out a Document Review Appointment Scheduling Form

DISCLAIMER

- This Family Resource Center is for people who are representing themselves in a Family Law court action
- All cases are serious
- You are advised to consult with a lawyer
- We are not lawyers
  - We cannot represent you
  - We cannot give you legal advice or help you with legal strategy
  - We cannot tell you what legal actions you should take
  - We cannot fill out any forms for you

DISCLAIMER

- We CAN explain what forms are available
- We CAN provide you with some generic forms
- We CAN try to answer your basic questions about court procedure
- We MAY be able to offer information on other legal resources in the court and in the community

DISCLAIMER

- We assume no responsibility for the accuracy or legal effects of the information contained in any written or verbal instructions or forms staff may give you
- It is your responsibility to choose and prepare your own forms
- Any meetings or conversations you have with us are NOT confidential
- Please be aware that we may also assist the opposing party in your case by answering questions about the forms and procedures

INSTRUCTIONS

- Please read the instructions in your packet
  - This information was created by the Judicial Law Department and contains legal information that may be helpful to you
- There is a Table of Contents in the instructions and names the specific sections of the packet
- If your case involves children you will be required to take a one-time parent education class prior to the Judgment being signed
  - Refer to the Parent Education Class flyer in the packet to pre-register

PARENT EDUCATION CLASS

- If your Domestic Relations Case involves Child Custody, Parenting Time, or Visitation you MUST attend an approved Parent Education Class and provide proof of attendance to the Court

- If you have any questions or concerns regarding this court requirement:
  - Please call: 503-325-8555

- Call the Hope House Lutheran Community Services in advance to register for the class:
  - Hours available to receive your call: Tuesday, Wednesday, Thursday from 9:00am-12:00pm
  - Telephone number: 503-325-6754
  - Bring your case number to the class
  - Please note, child care is not available

PARENT EDUCATION CLASS

- Parent Education Class
  - Where: Hope House at the First Lutheran Church
    725 33rd Street, Astoria OR 97103
  - When: 2nd Monday of each month
    Class time: 6:00pm-9:00pm
    If the 2nd Monday is a holiday, the class will be rescheduled so please call in advance
  - Cost: $50 (Payment accepted in cash or money order only, please have correct change)

FILING

- Once you have have completed your paperwork and are ready to file your Family Law case, schedule an appointment with the Family Resource Center for document review

- Please note, throughout the process you must keep your address and phone number current with the Court to ensure that you receive all necessary notifications

SCHEDULING AN APPOINTMENT

- We schedule appointments during the times allotted below:
  - Monday, Wednesday, Friday - 1:00 pm to 4:30 pm
  - Tuesday, Thursday - 8:30 am to Noon
- Appointments range from 15 minutes to 1 hour
- We will do our best to accomplish everything at your appointment, but please be aware that we may need to schedule an additional appointment if more time is needed

SCHEDULING AN APPOINTMENT

- To schedule an appointment complete a Document Review Appointment Scheduling Form

- Information to include on the Document Review Appointment Scheduling Form:
  - Your name
  - If applicable, your case number
  - Your email address and phone number
  - Indicate if you need an interpreter and for which language
  - What specific documents you want to review
  - Any dates within the next five business days in which you are unavailable
  - Any additional information we need to know to better help you during your appointment

SCHEDULING AN APPOINTMENT

- You can return the completed Document Review Appointment Scheduling Form:
  - In Person: Clatsop County Circuit Court 749 Commercial Street Astoria OR 97103 at either the Customer Service Windows or the Drop Box located on the main level
  - By Mail: Clatsop County Circuit Court PO Box 835 Astoria OR 97103
  - Email: cltfamilyresourcecenter@ojd.state.or.us

- We will email you with your appointment time within the next two business days
  - If you do not have an email address, we will call you

- If you need to cancel or reschedule, please email or call us as soon as possible so we can assist someone else during that time

THE PROCESS

- File the Petition and accompanying documents along with the filing fee and get a case number and service copies

- Have the other party served
  - The other party has 30 days to respond once served

THE PROCESS

- If the other party responds:
  - The Court will set your case for trial with a Judge
  - If your case includes Custody and Parenting Time and the other side does not agree, you will be assigned to Court Appointed Mediation
  - If you come to an agreement in Mediation, a Judgment will need to be filed with the Court
  - If you cannot come to an agreement in Mediation, you will need to attend your scheduled trial date

- If the other party does not respond, you may file a Motion for Default and General Judgment beginning the 31st day after the other party was served

FILLING OUT THE FORMS - DO'S

- If at any time you have questions, refer to the instructions in your packet
- Use blue or black ink only
- Print clearly and legibly
- Fill in "Clatsop" County at the top of any form that has a blank
- Use full names for both parties in the heading (first, middle, last)

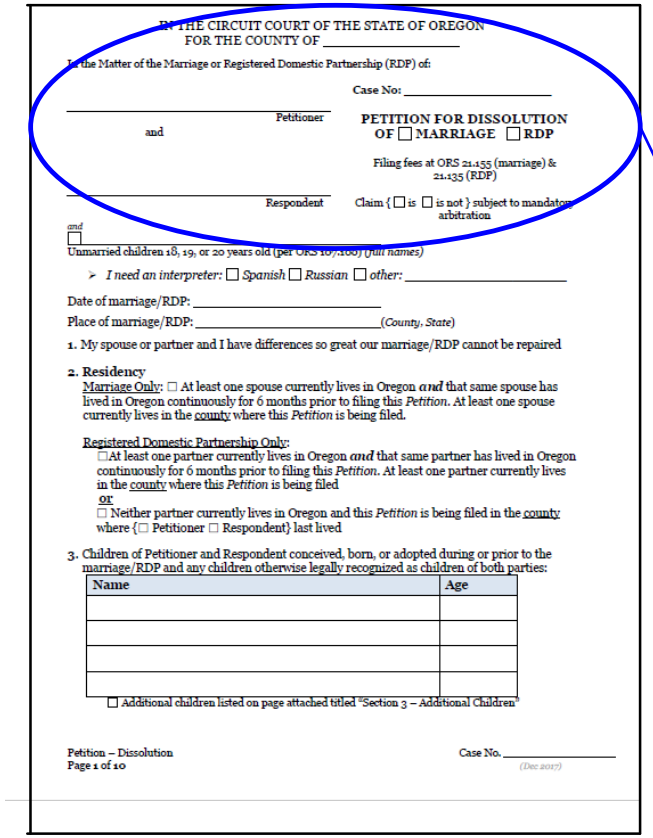
(Please see page 21 for examples)

FILLING OUT THE FORMS – DO'S

- You will always be the "Petitioner," the person filing the case
- The opposing party will always be the "Respondent," the person responding to the case
- Use full names, including full middle names
- Fill out documents as completely as possible
- If you own a home or land, attach a legal description of your property to the Petition and Judgment

(Please see page 21 for examples)

Example



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

In the Matter of the Marriage or Registered Domestic Partnership (RDP) of:

Case No: _____

_____ Petitioner

and

PETITION FOR DISSOLUTION OF ☐ MARRIAGE ☐ RDP

Filing fees at ORS 21.155 (marriage) & 21.135 (RDP)

_____ Respondent

Claim { ☐ is ☐ is not } subject to mandatory arbitration

and
☐
Unmarried children 18, 19, or 20 years old (per ORS 107.108) (full names)

➢ *I need an interpreter:* ☐ *Spanish* ☐ *Russian* ☐ *other:* _____

Date of marriage/RDP: _____

Place of marriage/RDP: _____ (*County, State*)

1. My spouse or partner and I have differences so great our marriage/RDP cannot be repaired

2. **Residency**
Marriage Only: ☐ At least one spouse currently lives in Oregon ***and*** that same spouse has lived in Oregon continuously for 6 months prior to filing this *Petition*. At least one spouse currently lives in the county where this *Petition* is being filed.

Registered Domestic Partnership Only:
☐At least one partner currently lives in Oregon ***and*** that same partner has lived in Oregon continuously for 6 months prior to filing this *Petition*. At least one partner currently lives in the county where this *Petition* is being filed
or
☐ Neither partner currently lives in Oregon and this *Petition* is being filed in the county where {☐ Petitioner ☐ Respondent} last lived

3. Children of Petitioner and Respondent conceived, born, or adopted during or prior to the marriage/RDP and any children otherwise legally recognized as children of both parties:

Name	Age

☐ Additional children listed on page attached titled "Section 3 – Additional Children"

Petition – Dissolution
Page 1 of 10

Case No. _____
(Dec 2017)

Your Name

"Clatsop"

The Opposing Party's Name

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

In the Matter of the Marriage or Registered Domestic Partnership (RDP) of:

Case No: _____

_____ Petitioner

and

PETITION FOR DISSOLUTION OF ☐ MARRIAGE ☐ RDP

Filing fees at ORS 21.155 (marriage) & 21.135 (RDP)

_____ Respondent

Claim { ☐ is ☐ is not } subject to mandatory arbitration

FILLING OUT THE FORMS – DON'TS

- Do not cross out or write "N/A" on any part of the documents
  - When you think something does not apply to you, simply leave it blank
- Do not make copies of your documents prior to having them reviewed
  - The Family Resource Center will provide you copies to serve the other party with after you file
- Do not sign or date any of the forms
  - However, do print your name and provide your address and phone number at the end of any forms that ask for it *(Please see page 23 for an example)*

Example

A *Confidential Information Form* (CIF) has been completed and filed with the court clerk containing all information required by ORS 107.085 that is identified as confidential by UTCR 2.130 for: ☐ Petitioner ☐ Respondent ☐ each adult child

16. Court Costs and Fees for this case (whether paid or deferred)

☐ Each party should be responsible for paying his or her own costs and fees
☐ Costs and fees should be paid by both parties equally
☐ Respondent should reimburse Petitioner for costs and fees paid
☐ Other: _____

I request a Judgment granting the relief asked for above, and other equitable relief that the court finds just.

Certificate of pending/existing child support proceedings

- There ☐ is ☐ is not a PENDING child support proceeding
- There ☐ is ☐ is not an EXISTING child support order or judgment

Information about any pending or existing child support proceedings is included above

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand they are made for use in court and I am subject to penalty for perjury.

Date | Signature
Print Name
Contact Address | City, State, Zip | Contact Phone

Petition – Dissolution
Page 12 of 12 (Aug 2019)

Do not date

Do not sign

Date | Petitioner (signature)
Print Name
Contact Address | City, State, Zip | Contact Phone

Do Print Your Name

Do Print Your Address and Phone Number

PETITION AND ACCOMPANYING DOCUMENTS (STEP 1)

- The Petition tells the Court and the opposing party what you are asking for
- Complete each section *(Please see page 27 for examples)*
  - If a section does not apply to your situation, you can skip it
- Sections:
  - Spousal Support
  - Real Property
  - Personal Property
  - Distribution of Assets
  - Former Name
  - Court Costs and Fees

PETITION AND ACCOMPANYING DOCUMENTS (STEP 1)

The process if both parties are in agreement:

- The Petitioner will need to complete the petition and accompanying documents and file the case
  - Complete the Petition and accompanying documents (the forms in Step 1)
  - When you schedule your appointment with the FRC, let the FRC know that both parties are in agreement and want to submit a "Stipulated" General Judgment that both parties will sign
- The Respondent can then accept service
- Then both parties should sign the "Stipulated " General Judgment

PETITION AND ACCOMPANYING DOCUMENTS (STEP 1)

- Spousal Support *(Please see page 27 for an example)*
  - If you check "no": the entire section is blank
  - If you check "yes": pick the type of support (see instructions) and fill in the information that corresponds with the chosen type of support
    - If spousal support is requested, you must fill out a Uniform Support Declaration Form
- Real Property *(Please see page 27 for an example)*
  - If either party has real property (home or land) you MUST attach a description of the property to the Petition and the Judgment in the case

Spousal Support

D. Length of child support
Support should end when the last child *(check one)*:
☐ reaches age 18, or if the child qualifies as a child attending school under ORS 107.108, age 21
☐ reaches age 18
or becomes self-supporting, emancipated, or married

E. Tax Dependents
(Note that the judgment is not binding on the IRS and will not provide a defense if the parties fail to comply with IRS regulations in any given tax year. Speak to a lawyer or tax professional.)

☐ Petitioner ☐ Respondent should be permitted to claim the following children as dependents for tax purposes beginning with the tax year this judgment is entered. The other parent must complete any IRS waivers or forms necessary to accomplish this order in each tax year and must not file contradictory tax returns.
*List names:*_____
OR
☐ Other *(specify)*: _____

F. Life Insurance Coverage for Children
☐ The party paying support should carry life insurance for the benefit of the parties' children throughout the period of the support obligation. The coverage should be in the amount of $_____

9. Additional Provisions _____
☐ Additional page attached titled "Section 9 - Additional Provisions"

SPOUSAL/PARTNER SUPPORT
10. Spousal/Partner Support and Life Insurance
A. Support
☐ No spousal/partner support is requested *or*
☐ Spousal/partner support should be paid by ☐ Petitioner to Respondent *(or)*
☐ Respondent to Petitioner

Type of Support:	*Payment Terms:**	*Based on these factors:*
Transitional $_____	☐ monthly payments beginning the month following: ➢ ☐ entry of this judgment *or* ➢ ☐ the date of service of this *Petition* ➢ ☐ *or* _____ Ending*:	
	Or ☐ *lump sum payable by (date):* _____	

SPOUSAL/PARTNER SUPPORT
10. Spousal/Partner Support and Life Insurance
A. Support
☐ No spousal/partner support is requested *or*
☐ Spousal/partner support should be paid by ☐ Petitioner to Respondent *(or)*
☐ Respondent to Petitioner

Real Property

	Ending*:	
	Or ☐ *lump sum payable by (date):* _____	

**All monthly payments are due by the 1st of the month. All payments end on the death of either party (unless an earlier event is specified above)*

Choose ONE option:
☐ All support payments should be made directly into recipient's checking or savings account. The spouse or partner receiving support must provide the paying spouse or partner with either current deposit slips or their bank name, account name, and account number.

☐ To the Department of Justice, Child Support Accounting Unit, PO Box 14506, Salem, OR, 97309. The Department of Justice should provide all collection, accounting, disbursement, and enforcement services.

C. Life Insurance
☐ The party paying support should carry life insurance for the benefit of the other party throughout the period of the support obligation. The coverage should be in the amount of $_____

PROPERTY AND DEBTS

11. Real Property
☐ Neither party has any interest in any real property in Oregon or any other place
☐Both parties have *or* {☐ Petitioner ☐ Respondent has} an interest in real property at: *(address)*_____
☐ Additional page attached titled "Section 11 - Real Property"

☐ The legal description of the real property is attached as Exhibit ____ and incorporated in this petition

This property should be distributed ☐ equitably, *or* ☐ as follows: _____

12. Personal Property
(Retirement benefits can be divided. See a lawyer if you want to do that.)
☐ The Petitioner and Respondent have divided between them all personal property that they own. This includes all personal effects, household goods, motor vehicles, pets, and other items of property. Neither party should claim items now in the possession of the other.
or
☐ Petitioner and Respondent should be awarded an equitable distribution of the parties' personal property. This includes retirement benefits, pension plans, profit-sharing plans, deferred-compensation plans, and stock option plans held by the parties.
or

11. Real Property
☐ Neither party has any interest in any real property in Oregon or any other place
☐Both parties have *or* {☐ Petitioner ☐ Respondent has} an interest in real property at: *(address)*_____
☐ Additional page attached titled "Section 11 - Real Property"

☐ The legal description of the real property is attached as Exhibit ____ and incorporated in this petition

PETITION AND ACCOMPANYING DOCUMENTS (STEP 1)

- Personal Property *(Please see page 29 for an example)*
  - If you and the opposing party have already divided your things: check the appropriate box
  - If you and the opposing party have not divided your things: list what and how the things will be divided in the space provided
  - If any party has retirement benefits, you may want to consult an attorney
- Distribution of Debts *(Please see page 29 for an example)*
  - Whether or not you have debts, you need to provide a date for "Debts should be divided as of (insert date)"

Personal Property

12. Personal Property

(Retirement benefits can be divided. See a lawyer if you want to do that.)

☐ The Petitioner and Respondent have divided between them all personal property that they own. This includes all personal effects, household goods, motor vehicles, pets, and other items of property. Neither party should claim items now in the possession of the other.

or

☐ Petitioner and Respondent should be awarded an equitable distribution of the parties' personal property. This includes retirement benefits, pension plans, profit-sharing plans, deferred-compensation plans, and stock option plans held by the parties.

or

☐ The parties' personal property should be divided as follows, with equitable distribution of any property not listed:

☐ Petitioner should be awarded the following personal property: _____

_____

_____

☐ Additional page attached titled "Section 12 - Petitioner's Personal Property"

☐Petitioner should be awarded all of Petitioner's retirement benefits, pension plans, profit-sharing plans, deferred-compensation plans, and stock option plans held by Petitioner's employer, free of any interest by Respondent.

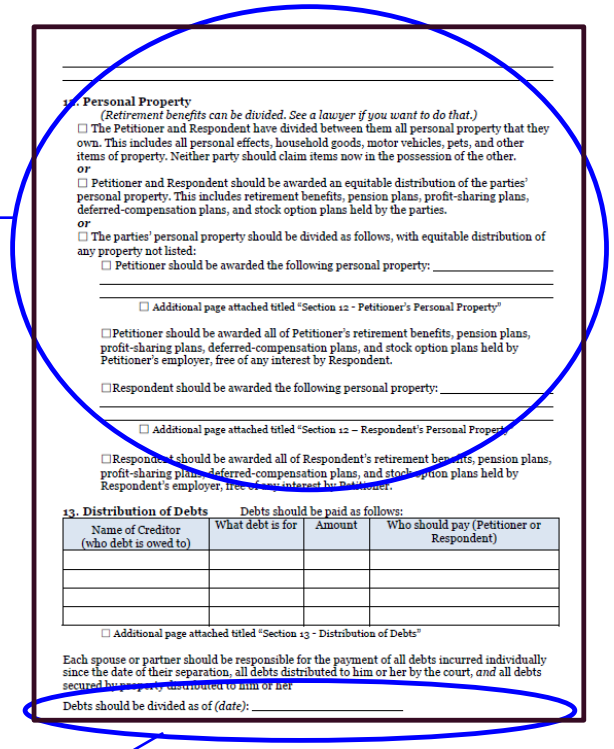
☐Respondent should be awarded the following personal property: _____

_____

_____

☐ Additional page attached titled "Section 12 – Respondent's Personal Property"

☐Respondent should be awarded all of Respondent's retirement benefits, pension plans, profit-sharing plans, deferred-compensation plans, and stock option plans held by Respondent's employer, free of any interest by Petitioner.



_____

_____

12. Personal Property

(Retirement benefits can be divided. See a lawyer if you want to do that.)

☐ The Petitioner and Respondent have divided between them all personal property that they own. This includes all personal effects, household goods, motor vehicles, pets, and other items of property. Neither party should claim items now in the possession of the other.

or

☐ Petitioner and Respondent should be awarded an equitable distribution of the parties' personal property. This includes retirement benefits, pension plans, profit-sharing plans, deferred-compensation plans, and stock option plans held by the parties.

or

☐ The parties' personal property should be divided as follows, with equitable distribution of any property not listed:

☐ Petitioner should be awarded the following personal property: _____

_____

_____

☐ Additional page attached titled "Section 12 - Petitioner's Personal Property"

☐Petitioner should be awarded all of Petitioner's retirement benefits, pension plans, profit-sharing plans, deferred-compensation plans, and stock option plans held by Petitioner's employer, free of any interest by Respondent.

☐Respondent should be awarded the following personal property: _____

_____

_____

☐ Additional page attached titled "Section 12 – Respondent's Personal Property"

☐Respondent should be awarded all of Respondent's retirement benefits, pension plans, profit-sharing plans, deferred-compensation plans, and stock option plans held by Respondent's employer, free of any interest by Petitioner.

13. Distribution of Debts Debts should be paid as follows:

Name of Creditor (who debt is owed to)	What debt is for	Amount	Who should pay (Petitioner or Respondent)

☐ Additional page attached titled "Section 13 - Distribution of Debts"

Each spouse or partner should be responsible for the payment of all debts incurred individually since the date of their separation, all debts distributed to him or her by the court, *and* all debts secured by property distributed to him or her

Debts should be divided as of *(date)*: _____

Distribution of Debts

Fill in date

Debts should be divided as of *(date)*: _____

PETITION AND ACCOMPANYING DOCUMENTS (STEP 1)

- Former Name
  - If you took the other party's name when married and you want to change your name to any former legal name, fill in the full name you would like restored
  - Court Costs and Fees
    - Select who will be responsible for the fees

(Please see page 31 for an example)

Former Name & Court Costs and Fees

Transfer of Debts and Property
Each party should be ordered to complete all property transfers required by the judgment within 30 days of the date of judgment. Each should execute, acknowledge, and deliver whatever documents are necessary to accomplish the distribution of debts and property ordered by the court. The judgment should operate to convey title if the either party fails to comply with this requirement.

14. Former Name
☐ My former name of _____ should be restored
(write the FULL name – first, middle, and last)

15. Information required by ORS 107.085
Age of Petitioner: _____ Age of Respondent: _____
Respondent's contact address: _____

Insert Full Name You Would Like Restored Here

14. Former Name
☐ My former name of _____ should be restored
(write the FULL name – first, middle, and last)

Court Costs and Fees

16. Court Costs and Fees for this case (whether paid or deferred)
- ☐ Each party should be responsible for paying his or her own costs and fees
- ☐ Costs and fees should be paid by both parties equally
- ☐ Respondent should reimburse Petitioner for costs and fees paid
- ☐ Other: _____

CONFIDENTIAL INFORMATION FORMS (CIF'S)

- All documents in Family Law cases are public record, with some exceptions
- The Confidential Information Forms (CIF's) are an exception and are not public record

CONFIDENTIAL
INFORMATION FORM
☐ Amended CIF

UTCR 2.130

- You will need to fill out (2) CIF's
  - (1) CIF for your information, the Petitioner *(Please see page 33 for an example)*
  - (1) CIF for the opposing party's information, the Respondent *(Please see page 34 for an example)*

- Both CIF's must be filled out
  - Fill in the CIF's with the information that you know to the best of your ability

CIF for Petitioner:

Check if you are the Petitioner or the Respondent

Check the "Petitioner" box and print your name on the line above

Fill in the Petitioner's information

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

_____ Petitioner

and

_____ Respondent

Case No: _____

CONFIDENTIAL INFORMATION FORM

☐ Amended CIF

UTCR 2.130

☐ _____
Unmarried children age 18, 19, or 20 years old (per ORS 107.108)

Submitted by: ☐ Petitioner ☐ Respondent ☐ other: _____

Information about *(name)*: _____
(first, middle, last) ☐ Petitioner ☐ Respondent ☐ other: _____

Date of Birth:	Social Security Number:
Driver License (Number and State):	
Former Legal Names:	
Employer's Name, Address, and Phone:	

Minor children of the parties:[1]

Name:	Date of Birth:	Social Security Number:

☐ Additional page attached

CIF for Respondent:

Check if you are the Petitioner or the Respondent

Check the "Respondent" box and print your name above

Fill in the Respondent's information

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

_____ Petitioner

and

_____ Respondent

Case No: _____

CONFIDENTIAL INFORMATION FORM

☐ Amended CIF

UTCR 2.130

☐ _____
Unmarried children age 18, 19, or 20 years old (per ORS 107.108)

Submitted by: ☐ Petitioner ☐ Respondent ☐ other: _____

Information about *(name)*: _____
(first, middle, last) ☐ Petitioner ☐ Respondent ☐ other: _____

Date of Birth:	Social Security Number:
Driver License (Number and State):	
Former Legal Names:	
Employer's Name, Address, and Phone:	

Minor children of the parties:[1]

Name:	Date of Birth:	Social Security Number:

☐ Additional page attached

NOTICE OF FILING OF CONFIDENTIAL INFORMATION FORM

- After filling out the CIF's, fill out a Notice of Filing of Confidential Information Form
- This form is public record
- This form tells the opposing party that CIF's were filed with the Court

NOTICE OF FILING OF CONFIDENTIAL INFORMATION FORM (CIF)

☐ Amended CIF

- Check the appropriate boxes to indicate what information you provided for each party on the CIF's
  - Petitioner Section: Check the boxes that correspond with the information you provided about yourself in the CIF
  - Respondent Section: Check the boxes that correspond with the information you provided about the opposing party in the CIF

(Please see page 36 for an example)

Notice of Filing of CIF

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

_____ Petitioner
and
_____ Respondent
and
☐ _____
Unmarried children 18, 19, or 20 years old (per ORS 107.108) *(full names)*

Case No: _____

NOTICE OF FILING OF CONFIDENTIAL INFORMATION FORM (CIF)

☐ Amended CIF

I filed Confidential Information Forms with the court about the following parties to this case as required by Uniform Trial Court Rule (UTCR) 2.130 *(Use first, middle, last names below)*:

1) My Name: _____
☐ Petitioner ☐ Respondent ☐ Other: _____
Containing (check all that apply):
☐ Social Security Number (SSN) ☐ Date of Birth (DOB) ☐ children's SSN ☐ children's DOB
☐ employer's name, address, and phone number ☐ driver license number
☐ former legal names

2) Name: _____
☐ Petitioner ☐ Respondent ☐ Other: _____
Containing (check all that apply):
☐ SSN ☐ DOB ☐ children's SSN ☐ children's DOB ☐ employer's name, address, and phone number ☐ driver license number ☐ former legal names

3) Name: _____
☐ Petitioner ☐ Respondent ☐ Other: _____
Containing (check all that apply):
☐ SSN ☐ DOB ☐ children's SSN ☐ children's DOB ☐ employer's name, address, and phone number ☐ driver license number ☐ former legal names

4) Name: _____
☐ Petitioner ☐ Respondent ☐ Other: _____
Containing (check all that apply):
☐ SSN ☐ DOB ☐ children's SSN ☐ children's DOB ☐ employer's name, address, and phone number ☐ driver license number ☐ former legal names

Date _____ Signature _____
Name (printed) _____
Contact Address _____ City, State, ZIP _____ Contact Phone _____

Your Section:

Check if you are the Petitioner or Respondent

Check the boxes of any information you provided on your CIF

1) My Name: _____
☐ Petitioner ☐ Respondent ☐ Other: _____

Containing (check all that apply):
☐ Social Security Number (SSN) ☐ Date of Birth (DOB) ☐ children's SSN ☐ children's DOB
☐ employer's name, address, and phone number ☐ driver license number
☐ former legal names

Other Party's Section:

Check if they are the Petitioner or Respondent

Check the boxes of any information you put on their CIF

2) Name: _____
☐ Petitioner ☐ Respondent ☐ Other: _____

Containing (check all that apply):
☐ SSN ☐ DOB ☐ children's SSN ☐ children's DOB ☐ employer's name, address, and phone number ☐ driver license number ☐ former legal names

CASES INVOLVING CHILDREN

- If your case involves children, pay special attention to the following sections in the Petition and additional child specific forms:
  - Sections:
    - Custody and Parenting Time
    - Child Support
  - Additioanl Forms:
    - Uniform Support Declaration
    - Certificate of Mailing to Division of Child Support

CASES INVOLVING CHILDREN

- List the children's full names and their ages *(Please see page 39 for an example)*

- Other Case Information *(Please see page 40 for an example)*
  - List any other domestic relations case that has been started but not yet finished in any state between the parties
  - List any existing order or judgment in this or any state between the parties and attach a copy of the signed order or judgment
  - Any No-Contact Order (criminal or other) that prohibits Respondent from exercising parenting time

- UCCJEA Information *(Please see pages 41 and 42 for examples)*
  - List the places where the children have lived within the last five years
  - List the names of the people the children have lived with within the last five years
  - List current contact addresses of the people the children have lived with

Children's Full Names and Ages

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

In the Matter of the Marriage or Registered Domestic Partnership (RDP) of:

Case No: _____

_____ Petitioner

and

PETITION FOR DISSOLUTION OF ☐ MARRIAGE ☐ RDP

Filing fees at ORS 21.155 (marriage) & 21.135 (RDP)

_____ Respondent

Claim { ☐ is ☐ is not } subject to mandatory arbitration

and
☐ _____
Unmarried children 18, 19, or 20 years old (per ORS 107.108) *(full names)*

➢ *I need an interpreter:* ☐ *Spanish* ☐ *Russian* ☐ *other:* _____

Date of marriage or registration of RDP: _____

Place of marriage or registration of RDP: _____ *(County, State)*

1. My spouse or partner and I have differences so great our marriage/RDP cannot be repaired

2. Residency

Marriage Only: ☐ At least one spouse currently lives in Oregon ***and*** that same spouse has lived in Oregon continuously for 6 months prior to filing this *Petition*. At least one spouse currently lives in the county where this *Petition* is being filed.

Registered Domestic Partnership Only:
☐ At least one partner currently lives in Oregon ***and*** that same partner has lived in Oregon continuously for 6 months prior to filing this *Petition*. At least one partner currently lives in the county where this *Petition* is being filed
or
☐ Neither partner currently lives in Oregon and this *Petition* is being filed in the county where {☐ Petitioner ☐ Respondent} last lived

3. Children of Petitioner and Respondent conceived, born, or adopted during or prior to the marriage/RDP and any children otherwise legally recognized as children of both parties:

Name	Age

☐ Additional children listed on page attached titled "Section 3 – Additional Children"

Children of Petitioner and Respondent conceived, born, or adopted during or prior to the marriage/RDP and any children otherwise legally recognized as children of both parties:

Name	Age

☐ Additional children listed on page attached titled "Section 3 – Additional Children"

Insert Child's Full Name Here

Insert Child's Age Here

Other Case Information

5. Other Case Information

☐ A No-Contact Order (criminal or other) prohibits Respondent from exercising parenting time
Case # _____ County/State: _____

5A. Pending Cases
Has any other case been started but not yet finished in any state regarding any of the parties' minor children? *(including child support, dissolution (divorce), annulment, separation, custody, paternity, juvenile court, or modification cases)*
☐ No ☐ Yes – as follows

Name of Court or Agency	Case No.	Involves: *(check all that apply)*
		☐ Child Support ☐ Custody/Parenting Time ☐ Restraining Order ☐ Juvenile Dependency/Delinquency

5B. Existing Orders or Judgments
Is there an order or judgment in this or any other state between the parties? *(including child support (whether or not it is currently effective), dissolution (divorce), annulment, separation, custody, paternity, juvenile court, modification, or restraining/protective orders)*
☐ No ☐ Yes – as follows *(attach a copy of the signed order or judgment)*

Name of Court or Agency	Case No.	Date Signed	Involves: *(check all that apply)*
			☐ Child Support ☐ Custody/Parenting Time* ☐ Restraining Order ☐ Juvenile Dependency/Delinquency
*Result (if custody/parenting time):			

☐ Additional information attached

If it applies, check the box and fill in Case number and County/State

Complete if you have any other cases started but not yet finished in any state that involve the parties' minor children

Complete if you have an order or judgment in Oregon or any other state between the parties.
Attach a copy of the signed order or judgment

UCCJEA Information

6A. Besides those listed above, list any case about the CUSTODY or PARENTING TIME (visitation) of the minor children named in this case that you participated in *(include any that were filed but dismissed or denied by the court, and any filed by or against someone other than the Petitioner and Respondent in this case.)*

Name of Court	State	Case No.	Date of final decision	Result *(include names of affected children)*

List any other cases about custody or parenting time of the minor children named in this case

6B. Do you know of any OTHER legal proceeding that may affect the outcome of this case? *(including enforcement of domestic violence or protective orders, adoption, termination of parental rights, or guardianship involving any of the children pending in any state)*

☐ No ☐ Yes – as follows:

Name of Court	State	Case No.	Type of Case	Affected Children

List any other legal proceedings that may affect the outcome of this case

UCCJEA Information - Continued

6C. List the places where the **minor** children have lived in the last five years, the names of the people they lived with at that time, and *current* contact addresses for those people

Current:

Child's Name	Current Address	Lives with:
		☐ Petitioner ☐ Respondent ☐ Other: _____
		☐ Petitioner ☐ Respondent ☐ Other: _____

Residences:

Dates From/To	County, State	Name of Parent/Caretaker	Contact Address of Parent/Caretaker	Which Children

☐ Additional page attached titled "Section 6A-UCCJEA"

Additional Caregivers:

Dates From/To	Name of Parent/Caretaker	Where did they live with this caretaker?	Contact Address of Parent/Caretaker	Which Children

Fill out with the Child's current addresses and who they live with

Fill out where and who the Child has lived with for the past <u>five</u> years

I have no idea what to put here but I think we will get questions

CASES INVOLVING CHILDREN

Custody and Parenting Time

(Please see page 45 for examples)

- In the Custody section: choose either "Joint Custody" or "Sole Custody"

- For the Parenting Time section, you can do any of the following:
  - Use the parenting plan provided by the State, see Family Law – Parenting Plan; or
  - Use the parenting plan provided by the County, see Family – Parenting Plans; or
  - Create your own parenting plan
    - If you decide to create your own plan: check the "as follows" box

Custody and Parenting Time (continued)

- There are several State forms available to consult depending on your situation
  - We highly recommend that you consult the State Parenting Plan Forms
  - The State forms are detailed and may contain information you are not thinking about at this time
  - If you are requesting supervised parenting time, see the Safety Focused Guides
  - Additional State Parenting Plan Guides, including the Safety Focused guides are available at: https://www.courts.oregon.gov/programs/family/children/pages/parenting-plans.aspx

Custody and Parenting Time

There is another legal basis for Oregon to address custody of these children. *Explain:*___

6C. ☐ I have not participated in any legal case about the custody or parenting time of the children in Section 3 in any state *or* ☐ I have participated in the following litigation:

Name of Court	State	Case No.	Date of final decision	Result *(include names of affected children)*

☐ Additional page attached; see section titled "Section 6C-UCCJEA"

6D. I do not know of any other proceeding that may affect the outcome of this case, including enforcement of domestic violence or protective orders, adoption, or termination of parental rights involving any of the children pending in any state
☐ except for:_____
(identify affected children, court, case number, and the kind of proceeding)

6E. I do not know any person besides the other parent who has physical custody of the children or who claims to have custody, visitation or parenting time rights
☐ except for *(list name and address and affected children)*:_____

7. Custody and Parenting Time

Custody of the children should be awarded as follows:
☐ Parties should have joint custody of the following children *(list names)*:_____
☐ I should be awarded sole custody of the following children *(list names)*: _____
☐ Respondent should be awarded sole custody of the following children *(list names)*:___

Parenting time should be awarded ☐ as set forth in the attached **Parenting Plan**, labeled Exhibit _____ *or* ☐ as follows _____

☐ Parenting time should be supervised by_____
☐ Any cost of supervision should be paid by ☐ Petitioner ☐ Respondent ☐ Other:_____

☐ Respondent should not be granted parenting time because this would endanger the health or safety of the children. **State supporting facts:** _____

Choose Joint or Sole Custody

7. Custody and Parenting Time

Custody of the children should be awarded as follows:
☐ Parties should have joint custody of the following children *(list names)*:_____
☐ I should be awarded sole custody of the following children *(list names)*: _____
☐ Respondent should be awarded sole custody of the following children *(list names)*:___

Parenting time should be awarded ☐ as set forth in the attached **Parenting Plan**, labeled Exhibit _____ *or* ☐ as follows _____

☐ Parenting time should be supervised by_____
☐ Any cost of supervision should be paid by ☐ Petitioner ☐ Respondent ☐ Other:_____

☐ Respondent should not be granted parenting time because this would endanger the health or safety of the children. **State supporting facts:** _____

Choose a Parenting Time Plan

CASES INVOLVING CHILDREN

Child Support

- You must complete a Child Support Calculation and attach it to the back of your Petition, even if you are not asking for child support
  - To complete the Child Support Calculation you will need to know the number of overnights each parent will have (see your parenting plan)

- Access the Child Support Calculator at:
  - https://justice.oregon.gov/guidelines/
  - Fill the appropriate information into the calculator and print the child support worksheet when you are finished
  - Enter the Child Support Calculation information based on what you want the final Judgment to be or what you are requesting

Child Support (continued)

- If you request a child support amount that is different than the Child Support Calculator amount:
  - You must explain why you are asking for a different amount
  - You must explain how you determined the different amount
  - If you do not give an explanation your case may be delayed until you provide one

(Please see page 49 for examples)

Child Support (continued)

- Check the appropriate box for "Where should payments go?": through the Child Support Department of Justice or directly from the other party to you
- Pick how long child support will last: until the child is 18 or until the child is 21
- List who claims the child for tax dependent purposes
- The party paying child support must carry life insurance for the benefit of the children throughout the period of the child support obligation
  - The minimum life insurance amount is $10,000

(Please see page 50 and 51 for examples)

Child Support Amount

☐ Support should be ordered despite the presumption *(explain why and complete section 8.A.2, below)*:_____

A.2. Support should be ordered payable:
by ☐ Petitioner ☐ Respondent
to ☐ Petitioner ☐ Respondent ☐ Adult Child Attending School *(name)*: _____
on the first day of each month
beginning ☐ the month following entry of this judgment *or* ☐ the date of service of this *Petition*

The total monthly amount should be:
☐ Determined under the Oregon child support guidelines prior to judgment ***(or)***
☐ $_____, which is *(check one)*
☐ the amount presumed correct as reflected on the child support guideline worksheets attached to this petition ***(or)***
☐ different from the amount presumed correct by the child support guidelines because the guideline amount would be unjust or inappropriate *(explain)*:_____

B. Medical Support

☐ Medical support has already been ordered in another case as noted in Section 4 above
☐ The existing order should not be changed. *(skip to Section C below)*
☐ The existing order should be changed *(fill out the sections below)*. I have also requested a change of child support above.

If medical support has not been ordered in another case, complete sections below

B.1. Health Insurance Coverage
☐ Petitioner ☐ Respondent ☐ both parents should be ordered to provide health insurance coverage throughout the period of the child support obligation

Cash Medical Support
(If health insurance is not available, then the parent who is ordered to pay child support will also be ordered to pay cash medical support according to the Child Support Guidelines unless the court finds reason not to)

Cash Medical Support should not be ordered because:
☐ Support is presumed to be unavailable for the reason marked in Section 8.A.1, above *(Note: if you asked that support be awarded anyway, do not mark this box)*
☐ the parent paying child support has income at or below Oregon's minimum wage for full-time employment, so cash medical support should not be ordered
☐ The children's medical needs will be met by the *Uninsured Medical Expenses* provision below
☐ Other *(explain)*:_____

A.2. Support should be ordered payable:
by ☐ Petitioner ☐ Respondent
to ☐ Petitioner ☐ Respondent ☐ Adult Child Attending School *(name)*: _____
on the first day of each month
beginning ☐ the month following entry of this judgment *or* ☐ the date of service of this *Petition*

The total monthly amount should be:
☐ Determined under the Oregon child support guidelines prior to judgment ***(or)***
☐ $_____, which is *(check one)*
☐ the amount presumed correct as reflected on the child support guideline worksheets attached to this petition ***(or)***
☐ different from the amount presumed correct by the child support guidelines because the guideline amount would be unjust or inappropriate *(explain)*:_____

Insert the amount of Child Support you are asking for and why

Child Support

B.2. Uninsured Medical Expenses

☐ Uninsured medical expenses should not be awarded

or

☐ Petitioner should pay _____% and Respondent should pay _____% of the unreimbursed costs of the children's reasonable medical, dental, and vision care. This does not include ordinary expenses like nonprescription medication, bandages, vitamins, and copays for regular checkups, which the parents are presumed to provide for the children in proportion to their parenting time. This obligation is in addition to any child support *and* will be **offset** by any cash medical support ordered above.

or

☐ This obligation should be **in addition** to any child support and cash medical support ordered above

C. Payment

How should payments be made?

I understand that payments will be made by income withholding unless an exception applies

☐ I request an exception to the income withholding requirement of ORS 25.378 so that payment can be made another way because good cause exists

☐ Petitioner and Respondent have agreed in writing to the following alternative payment method *(explain)*: _____

☐ Other exception under ORS 25.396 *(explain)*: _____

Where should payments go?

☐ All support payments should be made to the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309

or

☐ An exception to income withholding applies as noted above. All support payments should be made to the recipient's checking or savings account. The receiving parent should be ordered to provide the paying parent with current deposit slips or bank name, account name, and account number.

or

☐ Other *(explain)*: _____

(only available if you request an exception to income withholding, above)

Adult Child Attending School

The Division of Child Support (DCS)should pay support for an adult child attending school directly to the child unless good cause exists for payment to be made another way

☐ GOOD CAUSE exists for DCS not to pay support directly to a child attending school *(explain)*: _____

Where should payments go?

☐ All support payments should be made to the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309

or

☐ An exception to income withholding applies as noted above. All support payments should be made to the recipient's checking or savings account. The receiving parent should be ordered to provide the paying parent with current deposit slips or bank name, account name, and account number.

or

☐ Other *(explain)*: _____

(only available if you request an exception to income withholding, above)

Choose how you will receive Child Support payments

Child Support

D. Length of child support
Support should end when the last child *(check one)*:
☐ reaches age 18, or if the child qualifies as a child attending school under ORS 107.108, age 21
☐ reaches age 18
or becomes self-supporting, emancipated, or married

E. Tax Dependents
(Note that the judgment is not binding on the IRS and will not provide a defense if the parties fail to comply with IRS regulations in any given tax year. Speak to a lawyer or tax professional.)

☐ Petitioner ☐ Respondent should be permitted to claim the following children as dependents for tax purposes beginning with the tax year this judgment is entered. The other parent must complete any IRS waivers or forms necessary to accomplish this order in each tax year and must not file contradictory tax returns.
List names: _____
_____
OR
☐ Other *(specify)*: _____
_____

F. Life Insurance Coverage for Children
☐ The party paying support should carry life insurance for the benefit of the parties' children throughout the period of the support obligation. The coverage should be in the amount of $ _____

9. Additional Provisions _____
_____
_____
☐ Additional page attached titled "Section 9 - Additional Provisions"

Spousal/Partner Support
10. Spousal/Partner Support and Life Insurance
A. Support
☐ No spousal/partner support is requested *or*
☐ Spousal/partner support should be paid by ☐ Petitioner to Respondent *(or)*
☐ Respondent to Petitioner

Type of Support:	*Payment Terms:**	*Based on these factors:*
Transitional $_____	☐ monthly payments beginning the month following: ➢ ☐ entry of this judgment *or* ➢ ☐ the date of service of this *Petition* ➢ ☐ *or* _____ Ending*:	
	Or ☐ *lump sum payable by (date):* _____	

D. Length of child support
Support should end when the last child *(check one)*:
☐ reaches age 18, or if the child qualifies as a child attending school under ORS 107.108, age 21
☐ reaches age 18
or becomes self-supporting, emancipated, or married

E. Tax Dependents
(Note that the judgment is not binding on the IRS and will not provide a defense if the parties fail to comply with IRS regulations in any given tax year. Speak to a lawyer or tax professional.)

☐ Petitioner ☐ Respondent should be permitted to claim the following children as dependents for tax purposes beginning with the tax year this judgment is entered. The other parent must complete any IRS waivers or forms necessary to accomplish this order in each tax year and must not file contradictory tax returns.
List names: _____
_____
OR
☐ Other *(specify)*: _____
_____

F. Life Insurance Coverage for Children
☐ The party paying support should carry life insurance for the benefit of the parties' children throughout the period of the support obligation. The coverage should be in the amount of $ _____

Uniform Support Declaration

- If you are asking for child or spousal support, you must fill out and file this form

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

_____ Petitioner
and
_____ Respondent

Case No: _____

UNIFORM SUPPORT DECLARATION

CSP No.: _____

☐ _____
Unmarried children age 18, 19, or 20 years old (per ORS 107.108)

I am the ☐ petitioner ☐ respondent ☐ other: _____

1. Number of children
   a. Joint minor children (children of the parties together) _____
   b. Joint adult children (age 18, 19, or 20) _____
      i. Joint adult children attending school _____ ☐ unknown
   c. Non-joint minor children (children of only one party) _____
      Number of overnights the joint children spend with me (per year)
      i. Current order, judgment, or written agreement _____
      ii. Proposed _____
2. Sources of income

Wages/Salary: *(monthly, before taxes)*		
$_____ *per hour*	_____ *hours/week*	
	Subtotal A:	$

(Complete table below with monthly averages, before taxes. Explain "other" amounts)

Tips:		Bonuses/Commission:	
Workers Comp:		Interest:	
Social Security:		Annuity:	
Unemployment:		Trust:	
Disability:		Dividends:	
TANF:		Other:	
Other:		Other:	
Other:		Other:	
Expense reimbursement/per diem allowance that reduces personal living expenses:			
		Subtotal B:	$

Gross monthly income TOTAL *(add Subtotal A + B)* $_____

3. Spousal/partner support
   a. Received by me *(from anyone)* $_____
   b. Paid by me *(to anyone)* $_____
4. Health insurance
   a. Premium to cover just me $_____

CASES INVOLVING CHILDREN

CERTIFICATE OF MAILING OR DELIVERY TO DIVISION OF CHILD SUPPORT

Certificate of Mailing Or Delivery to Division of Child Support

- This form is required if you have children and receive public assistance
- Fill out everything in the form
- Do not Sign or Date
- The FRC will give further instructions regarding this form after you file your case

(Please see page 54 for an example)

Certificate of Mailing Or Delivery to Division of Child Support

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

_____
Petitioner

and

_____
Respondent

Case No. _____

CERTIFICATE OF MAILING OR DELIVERY TO DIVISION OF CHILD SUPPORT

I certify that on *(date)* _____, I ☐ hand-delivered ***or*** ☐ mailed by first-class mail a true copy of the *Petition* in the above domestic relations case to the local branch office of the Department of Justice, Division of Child Support at (*list address*): _____

_____

_____

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.

_____
Date

_____
Signature {☐ Petitioner ☐ Respondent}

_____
Name (printed)

_____
Contact Address City / State / ZIP Contact Phone

Do not sign

Do not date

SUMMONS

SUMMONS FOR FAMILY LAW CASE

☐ Marriage
☐ Registered Domestic Partnership (RDP)
☐ Unmarried & Unregistered

Summons

- Only complete the 1st page
- Do not sign or date
- Fill in "To": the party that will be served and where they are most likely to be located

(Please see page 56 for an example)

Summons

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

Case No: _____

_____ Petitioner

and

_____ Respondent

SUMMONS FOR FAMILY LAW CASE

☐ Marriage
☐ Registered Domestic Partnership (RDP)
☐ Unmarried & Unregistered

To *(name)*: _____

Home Address: _____ Work Address: _____

Your spouse, partner, or child's parent has filed a *Petition* asking for:

☐ Separation of your marriage or Registered Domestic Partnership (RDP)
☐ Divorce or dissolution of your marriage or Registered Domestic Partnership (RDP)
☐ Child Support, custody, or parenting time

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 a legal paper called a "*Response*" or a motion. *Response* forms are available through the court above or online at www.courts.oregon.gov. Talk to a lawyer for information about appearing by motion.

Your *Response* must be filed with the court clerk at the court named above **within 30 days of the day you received this *Summons***, along with the required filing fee (go to www.courts.oregon.gov for fee information). It must be in proper form and you must show that the Petitioner's lawyer (or the Petitioner if he or she does not have a lawyer) was formally served with a copy of the *Response* according to the service rules. Service rules are included in *Instructions for Respondents*, available at www.courts.oregon.gov.

If you have questions, see a lawyer immediately. If you need help finding a lawyer, you can call the Oregon State Bar's Lawyer Referral Service at 503.684.3763 or toll free in Oregon at 800.452.7636, or go to www.oregonstatebar.org.

Date _____ Petitioner Signature _____

Name (printed) _____

Contact Address _____ City, State, ZIP _____ Contact Phone _____

Insert where the Opposing Party is most likely to be found

Insert the name of the Opposing Party

To *(name)*: _____

Home Address: _____ Work Address: _____

Do not sign

Do not date

RECORD OF DISSOLUTION OF MARRIAGE, ANNULMENT, OR REGISTERED DOMESTIC PARTNERSHIP

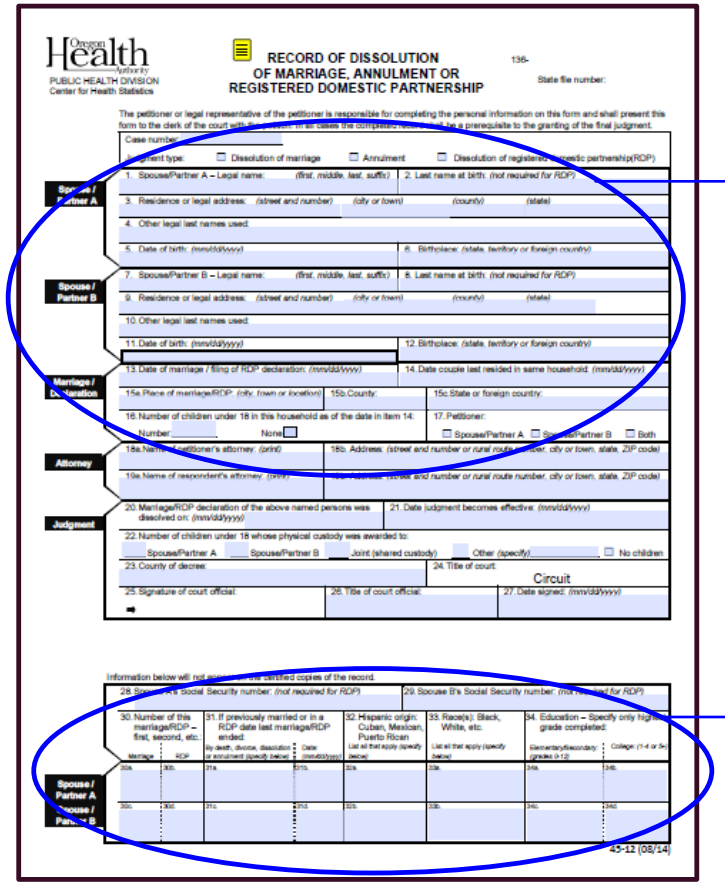
Record of Dissolution, Annulment or Registered Domestic Partnership

- This form is often referred to as a Vital Statistics Form
- Fill out the Vital Statistics Form if you are filing a dissolution, annulment or separation
  - Fill out all the information in Sections 1-17 and Sections 28-34d
- The Vital Statistics Form must be completed when you file your case
  - When you case is final, the Court will mail the form to the appropriate recipient

Oregon Health Authority
PUBLIC HEALTH DIVISION
Center for Health Statistics

(Please see page 58 for an example)

Vital Statistics Form



Oregon Health Authority
PUBLIC HEALTH DIVISION
Center for Health Statistics

RECORD OF DISSOLUTION OF MARRIAGE, ANNULMENT OR REGISTERED DOMESTIC PARTNERSHIP

136-

State file number:

The petitioner or legal representative of the petitioner is responsible for completing the personal information on this form and shall present this form to the clerk of the court with the petition. In all cases the completed form shall be a prerequisite to the granting of the final judgment.

Case number:

Judgment type: ☐ Dissolution of marriage ☐ Annulment ☐ Dissolution of registered domestic partnership(RDP)

Spouse / Partner A

1. Spouse/Partner A – Legal name: *(first, middle, last, suffix)*
2. Last name at birth: *(not required for RDP)*
3. Residence or legal address: *(street and number)* *(city or town)* *(county)* *(state)*
4. Other legal last names used:
5. Date of birth: *(mm/dd/yyyy)*
6. Birthplace: *(state, territory or foreign country)*

Spouse / Partner B

7. Spouse/Partner B – Legal name: *(first, middle, last, suffix)*
8. Last name at birth: *(not required for RDP)*
9. Residence or legal address: *(street and number)* *(city or town)* *(county)* *(state)*
10. Other legal last names used:
11. Date of birth: *(mm/dd/yyyy)*
12. Birthplace: *(state, territory or foreign country)*

Marriage / Declaration

13. Date of marriage / filing of RDP declaration: *(mm/dd/yyyy)*
14. Date couple last resided in same household: *(mm/dd/yyyy)*
15a. Place of marriage/RDP: *(city, town or location)*
15b. County:
15c. State or foreign country:
16. Number of children under 18 in this household as of the date in item 14: Number: ____ None ☐
17. Petitioner: ☐ Spouse/Partner A ☐ Spouse/Partner B ☐ Both

Attorney

18a. Name of petitioner's attorney: *(print)*
18b. Address: *(street and number or rural route number, city or town, state, ZIP code)*
19a. Name of respondent's attorney: *(print)*
19b. Address: *(street and number or rural route number, city or town, state, ZIP code)*

Judgment

20. Marriage/RDP declaration of the above named persons was dissolved on: *(mm/dd/yyyy)*
21. Date judgment becomes effective: *(mm/dd/yyyy)*
22. Number of children under 18 whose physical custody was awarded to: ____ Spouse/Partner A ____ Spouse/Partner B ____ Joint (shared custody) ____ Other *(specify)*____ ☐ No children
23. County of decree:
24. Title of court: Circuit
25. Signature of court official:
26. Title of court official:
27. Date signed: *(mm/dd/yyyy)*

Information below will not appear on the certified copies of the record.

28. Spouse A's Social Security number: *(not required for RDP)*
29. Spouse B's Social Security number: *(not required for RDP)*

	30. Number of this marriage/RDP – first, second, etc.		31. If previously married or in a RDP date last marriage/RDP ended:		32. Hispanic origin: Cuban, Mexican, Puerto Rican	33. Race(s): Black, White, etc.	34. Education – Specify only highest grade completed:	
	Marriage	RDP	By death, divorce, dissolution or annulment *(specify below)*	Date: *(mm/dd/yyyy)*	List all that apply *(specify below)*	List all that apply *(specify below)*	Elementary/Secondary: *(grades 0-12)*	College: *(1-4 or 5+)*
Spouse / Partner A	30a.	30b.	31a.	31b.	32a.	33a.	34a.	34b.
Spouse / Partner B	30c.	30d.	31c.	31d.	32b.	33b.	34c.	34d.

45-12 (08/14)

Sections 1-17

Case number:

Judgment type: ☐ Dissolution of marriage ☐ Annulment ☐ Dissolution of registered domestic partnership(RDP)

Spouse / Partner A

1. Spouse/Partner A – Legal name: *(first, middle, last, suffix)*
2. Last name at birth: *(not required for RDP)*
3. Residence or legal address: *(street and number)* *(city or town)* *(county)* *(state)*
4. Other legal last names used:
5. Date of birth: *(mm/dd/yyyy)*
6. Birthplace: *(state, territory or foreign country)*

Spouse / Partner B

7. Spouse/Partner B – Legal name: *(first, middle, last, suffix)*
8. Last name at birth: *(not required for RDP)*
9. Residence or legal address: *(street and number)* *(city or town)* *(county)* *(state)*
10. Other legal last names used:
11. Date of birth: *(mm/dd/yyyy)*
12. Birthplace: *(state, territory or foreign country)*

Marriage / Declaration

13. Date of marriage / filing of RDP declaration: *(mm/dd/yyyy)*
14. Date couple last resided in same household: *(mm/dd/yyyy)*
15a. Place of marriage/RDP: *(city, town or location)*
15b. County:
15c. State or foreign country:
16. Number of children under 18 in this household as of the date in item 14: Number: ____ None ☐
17. Petitioner: ☐ Spouse/Partner A ☐ Spouse/Partner B ☐ Both

Sections 28-34d

Information below will not appear on the certified copies of the record.

28. Spouse A's Social Security number: *(not required for RDP)*
29. Spouse B's Social Security number: *(not required for RDP)*

	30. Number of this marriage/RDP – first, second, etc.:		31. If previously married or in a RDP date last marriage/RDP ended:		32. Hispanic origin: Cuban, Mexican, Puerto Rican	33. Race(s): Black, White, etc.	34. Education – Specify only highest grade completed:	
	Marriage	RDP	By death, divorce, dissolution or annulment *(specify below)*	Date: *(mm/dd/yyyy)*	List all that apply *(specify below)*	List all that apply *(specify below)*	Elementary/Secondary: *(grades 0-12)*	College: *(1-4 or 5+)*
Spouse / Partner A	30a.	30b.	31a.	31b.	32a.	33a.	34a.	34b.
Spouse / Partner B	30c.	30d.	31c.	31d.	32b.	33b.	34c.	34d.

SERVICE (STEP 2)

- Do not attempt to serve the other party until you have filed your case and have been assigned a case number
- Service must be performed within 63 days after filing your Petition and accompanying documents with the Court
- Once service is complete, the soonest you can take any further action in the case is the 31st day after the other party has been served

SERVICE (STEP 2)

- Serving the opposing party
  - You cannot serve the opposing party yourself
  - A Sheriff's office can serve the opposing party
  - A process server can serve the opposing party
  - A competent person, not a party to the case, at least 18 years of age, and a resident of Oregon can serve the opposing party

- The person serving the opposing party must be willing to fill out the Certificate of Service Form, which states that the opposing party was served *(Please see page 61 for an example)*

Certificate of Service Form

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

Case No: _____

_____
Petitioner
and
_____
Respondent

CERTIFICATE OF SERVICE
(ORCP 7D(2))
☐ (a) Personal Service
☐ (b) Substitute Service
☐ (c) Office Service
☐ (d) Service by Mail

I, *(name)*_____, declare that I am a resident of the state of _____. I am a competent person 18 years of age or older. I am not a party to or lawyer in this case, and not the employee of a party. I certify that the person served is the person named below. I served true copies of the original *(check all that apply)*:

- ☐ Petition and Summons
- ☐ Information about mediation
- ☐ Notice of Confidential Information Form (CIF) Filing
- ☐ Notice of Statutory Restraining Order Preventing Dissipation of Assets
- ☐ Order to Show Cause re: Modification with Motion and Declaration
- ☐ Information about continuing insurance coverage (COBRA)
- ☐ Uniform Support Declaration
- ☐ Other information provided by the court clerk *(name all forms or documents served)* ___
  _____
- ☐ Other *(name all forms or documents served)*_____
  _____

by *(check a, b, c, or d and complete all information)*:

(a) ☐ **Personal Service** on *(date)*_____, at _____ a.m./p.m., to {☐ Petitioner ☐ Respondent} *(name)*_____in person at the following address _____ in the County of _____, State of _____.

(b) ☐ **Substitute Service** on *(date)*_____, at _____ a.m./p.m., by delivering them to the following address _____ in the County of _____, State of _____ . Delivered to *(name)*_____ _____, who is a person age 14 or older and who lives there.
(Complete the section below only if the server also did the follow-up mailing required by ORCP 7D(2)(b). If a person other than the server did the follow-up mailing, that person must complete a separate Certificate of Service Mailing.)

☐ On *(date)*_____, I personally deposited a true copy of the same documents served with the U.S. Postal Service, via first class mail, in a sealed envelope, postage paid, addressed to the party to be served: ☐ Petitioner ☐ Respondent *(name)* _____

_____, at the party's home address listed above, together with a statement of the date, time and place that the documents were hand-delivered to the party's dwelling (residence).

(c) ☐ **Office Service** on *(date)*_____, at _____ a.m./p.m., by delivering them to the office of the party to be served, located at: *(address)* _____ _____, during normal working hours for that office, where I left the documents with *(name)* _____, who is a person apparently in charge, to give the documents to the party to be served.
(Complete the section below only if the server also did the follow-up mailing required by ORCP 7D(2)(c). If a person other than the server did the follow-up mailing, that person must complete a separate Certificate of Service Mailing.)

☐ On *(date)*_____, I personally deposited a true copy of the same documents served with the U.S. Postal Service, via first class mail, in a sealed envelope, postage paid, addressed to the party to be served: ☐ Petitioner ☐ Respondent *(name)* _____ _____, at the party's: ☐ home address at: _____ _____, ***OR*** ☐business address above, together with a statement of the date, time and place that the documents were hand-delivered to the party's office.

(d) ☐ **Service by Mail, Return Receipt Requested** on *(date)*_____, I personally deposited **two** true copies with the U.S. Postal Service. **One** by first class mail, and the **other** by certified or registered mail, Return Receipt Requested, or by express mail, postage paid, addressed to the party to be served: ☐ Petitioner ☐ Respondent _____ *(name)*, at the party's home address located at:_____ _____*(address)*. *(NOTE: If mailed Return Receipt Requested, the return receipt must be attached to this Certificate of Service.)*

I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.

_____ Date

_____ Signature of Server

_____ Print Name

If person serving is NOT a sheriff or sheriff's deputy, address and phone number of server:

_____

_____

SERVICE (STEP 2)

- If the Respondent is willing to sign an Acceptance of Service Form: *(Please see page 63 for an example)*
  - Fill out the form caption
  - Check the appropriate boxes
  - The Respondent must date the form
  - The Respondent must sign the form
  - The Respondent must provide their contact information at the bottom of the form
- Signing an Acceptance of Service Form only means that the Respondent has accepted the papers
- Signing an Acceptance of Service Form does not mean that the Respondent agrees with the terms requested in the papers

Acceptance of Service Form

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

_____ Plaintiff/Petitioner

v.

_____ Defendant/Respondent

Case No: _____

ACCEPTANCE OF SERVICE

I am the ☐ Plaintiff/Petitioner ☐ Defendant/Respondent in this matter.

On *(date)* _____ I received a true copy of *(check all that apply)*:

☐ Petition
☐ Claim
☐ Complaint
☐ Summons
☐ Information on mediation
☐ Other: _____

And for Domestic Relations cases:

☐ Notice of Statutory Restraining Order Preventing Dissipation of Assets
☐ Notice of CIF *(Confidential Information Form)* Filing
☐ Information on continuation of insurance coverage (COBRA)
☐ Order to Show Cause re: Modification with Motion and Declaration
☐ Statement of Assets and Liabilities
☐ Uniform Support Declaration
☐ Other forms: _____

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use in court and I am subject to penalty for perjury.

_____ Date

_____ Signature

_____ Name (printed)

_____ Address _____ City/State/Zip _____ Telephone

Petitioner fills out the caption

Respondent must check the box and fill in the date they accept service

Petitioner checks the appropriate boxes for the documents being served

Respondent must date, sign, print their name and provide their address and phone number

DEFAULT ORDER AND JUDGMENT (STEP 3)

- The Responding party has 30 days from the date of service to file an Answer/Response with the Court
- If the Respondent takes no action in the case, then on the 31st day after the Respondent was served the Petitioner should schedule an appointment with the FRC to finish and close the case
  - The Petitioner will need to complete the following documents before attending their appointment:
    - Ex Parte Motion for Order of Default and Declaration in Support (If the Respondent is not in the Military: Page 1-Paragraph 2 cannot be left blank) *(Please see page 65 for an example)*
    - Order on Motion for Default *(Please see page 66 for an example)*
    - Declaration Supporting General Judgment of Dissolution *(Please see page 70 for an example)*
    - General Judgment (The General Judgment must match <u>exactly</u> what you asked for in your Petition) *(Please see page 73 for an example)*
  - Reminder: Do not sign or date your forms

Ex Parte Motion for Order of Default and Declaration in Support

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

_____ Petitioner

and

_____ Respondent

Case No: _____

EX PARTE MOTION FOR ORDER OF DEFAULT and DECLARATION IN SUPPORT

Motion

Based on the attached *Declaration*, Petitioner requests that this court grant an *Order* entering the default of Respondent and directing entry of judgment.

Statement of Points and Authorities

ORCP 69 requires the court or clerk to enter an order of default on a showing by affidavit or declaration that a party against whom a judgment is sought has been served with Summons or is otherwise subject to the jurisdiction of the Court and has failed to plead or otherwise defend within the time set by law.

Declaration

Respondent was served with the *Summons*, *Petition* and other documents required by law in _____ County, State of _____, on *(date)* _____ and has not made an appearance within the time required by law.

☐ Respondent has not provided me with written notice of intent to appear.

or

☐ Respondent provided me with written notice of intent to appear **and** I filed and served written notice of intent to apply for default at least 10 days before filing this motion, or fewer days as permitted by the court.

Respondent is not now, and was not at the time of the service of the *Petition* and *Summons*, incapacitated, a minor, a financially incapable person, a protected person, or a Respondent in a fiduciary protective proceeding, as defined by ORS 125.005.

and *(check one of the following):*

☐ The Respondent **is not** now, and was not at the time of service of the *Petition* and *Summons*, in active military service of the United States. *Provide facts supporting this statement*:_____

_____

_____

☐ The Respondent **is** now, or was at the time of service of the *Petition* and *Summons*, in active military service of the United States. Respondent has waived his or her rights under the Servicemembers' Civil Relief Act, as shown by the attached waiver, labeled Exhibit _____ .

☐ The Respondent **is not** now, and was not at the time of service of the *Petition* and *Summons*, in active military service of the United States. *Provide facts supporting this statement*:_____

_____

_____

Explain how you know the Respondent is not or was not in the military

Order on Motion for Default

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

_____
Petitioner
and
_____
Respondent

Case No: _____

ORDER ON MOTION FOR DEFAULT

Petitioner's *Motion for Order of Default and Entry of Judgment* is:

☐ granted

☐ denied

_____ _____

Certificate of Readiness under UTCR 5.100 This proposed judgment is ready for judicial signature because service is not required under UTCR 5.100 because this judgment is submitted ex parte as allowed by statute or rule

Complete the caption

RESOLVING YOUR CASE

- There are three ways your case can resolve:
  - By agreement between the parties (stipulation)
  - By default if the Respondent doesn't respond
  - Or by a Judge in a hearing

- When one of the above situations has occurred, you will create and submit a general judgment
- You must also file a Declaration Supporting General Judgment when you file a general judgment

- When the general judgment is signed by the Judge, your case is finalized

STIPULATED GENERAL JUDGMENT

- If at any time you and the opposing party come to a full agreement, you can submit a "Stipulated" General Judgment
- Both parties will need to sign the "Stipulated" General Judgment
- Schedule an appointment with the FRC to review your Judgment prior to either party signing it
- If your "Stipulated" General Judgment is signed by the Judge, the trial will be cancelled and your case will be closed

JUDGMENT AFTER HEARING

- If the parties are not able to come to an agreement, there with be a trial held with the Judge.
- The Judge will often make a document with her rulings on it and order a party to submit the final judgment.
- That party should:
  - Complete a general judgment to match the Judge's rulings and schedule an appointment with the FRC to review the judgment and go over the process of how to submit the judgment to the Court

DECLARATION IN SUPPORT OF JUDGMENT

DECLARATION IN SUPPORT OF JUDGMENT

- Please note: This is a Clatsop County Form. If you printed this form from the State website or from Next Steps after using Guide and File, you will need to use this form instead.
- Complete each section that applies.
  - If your case does not involve children, skip numbers 7-11.

(Please see page 71 - 73 for examples)

Declaration in Support of Judgment

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLATSOP
PO Box 835 Astoria Oregon 97103

In the Matter of the Marriage of:

_____,

Petitioner,

and

_____.

Respondent.

Case No. _____

DECLARATION IN SUPPORT OF JUDGMENT

☐ Based on ORS 107.095(4) and this declaration, ☐ petitioner ☐ respondent moves for
☐ Judgment of Dissolution of Marriage or
☐ Judgment of Dissolution of a Registered Domestic Partnership without a hearing.

DATED _____

_____
Signature

_____
Print name

Please note: This is Clatsop County form. If you have a Declaration Supporting General Judgment from Guide and File or the State website, you will need to print out and use this form instead.

Complete the form. You may skip numbers if you are not asking for

Declaration in Support of Judgment

I, (print name) _____, declare:

1. I am ☐ petitioner ☐ respondent
2. ☐ I ☐ Other party was a resident of Oregon continuously for six months before the petition was filed.
3. Date and place of marriage:
4. Irreconcilable differences have caused the irremediable breakdown of our marriage or registered domestic partnership.
5. I do not know of another family court case involving us or our children pending in this or any other court.
6. ☐ We have children. ☐ We do not have children. If no children, skip to #12.

   Children's names and ages:

7. Children live with _____.

   They have lived there for _____ (how long).
8. It is in the best interests of the children to give: ☐ custody to petitioner

   ☐ custody to respondent ☐ joint custody
9. It is in the best interests of the children to award parenting time:

   ☐ as written in the judgment ☐ as written in the parenting plan attached to the judgment

   ☐ there should be no parenting time because:

Page 2 of 4

Print your name complete numbers 1-5

If you do not have children, check the box in number 6 and then skip to number 12

If you have children, check the box in number six, list the children's names and ages, and then complete numbers 7 through 11.

Complete number 12 if you are asking for spousal support.

10. My gross monthly income is $_____.

    My necessary monthly expenses are $_____.

    The other party's gross monthly income is $_____.

    Their necessary monthly expenses are $_____.

    I have _____ non-joint children. The other party has _____ non-joint children.

    Child care costs for our joint children are: $_____ a month.

    I pay $_____ for health insurance for myself.

    I pay $_____ for health insurance for our joint children.

    Children's uninsured health care expenses should be divided:

    ☐ Each parent should pay 50%

    ☐ Petitioner should pay _____% and respondent should pay _____%
11. ☐ Petitioner ☐ Respondent will pay $_____ a month for child support.

    The guideline child support is $_____. If requested child support is different from the guideline amount, these are the reasons for deviation:
12. ☐ Petitioner will pay respondent ☐ Respondent will pay petitioner

    $ _____ per month as ☐ transitional ☐ maintenance ☐ compensatory

    spousal support for _____ months or ☐ indefinitely.

    The factors supporting an award of spousal support are (check all that apply):

    ☐ Length of the marriage

    ☐ A party's training and employment skills

    ☐ A party's work experience

    ☐ Financial needs and resources of each party

    ☐ Tax consequences to each party

    ☐ A party's custodial and child support responsibilities

    ☐ Relative earning capacity of the parties

Page 3 of 4

Declaration in Support of Judgment

☐ Age of the parties

☐ Health of the parties

☐ Standard of living established during the marriage

☐ Relative income and earning capacity of the parties

☐ Other _____

13. ☐ We have divided our personal property, and it is a fair division.

☐ It is fair to divide our personal property as requested in the petition.

14. ☐ We have real property and a fair division is:

_____

_____

_____

15. ☐ We have no debts. ☐ We have divided the debts fairly.

☐ We should divide the debts as requested in the petition.

16. Petitioner's former name of _____ should be restored.

Respondent's former name of _____ should be restored.

17. I make this Declaration in support of my motion for entry of a Judgment of Dissolution of Marriage or of Registered Domestic Partnership without hearing.

I DECLARE THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I UNDERSTAND THEY ARE MADE FOR USE AS EVIDENCE IN COURT AND ARE SUBJECT TO PENALTY FOR PERJURY.

DATED _____

_____

Signature

Page 4 of 4

Check the appropriate box about personal property division

If you have real property, check the box and complete

Check the appropriate box regarding debts

Complete if either party's name is changing

Do not sign or date until you have your document reviewed by the FRC

GENERAL JUDGMENT

- A General Judgment is the document the Judge signs to make your case final
  - Check the boxes that fit your case situation
- Section A
  - Check all the boxes that apply
- Section A1 and beyond
  - If the other party did not respond and you are asking for a default order, transfer what was on your Petition to the Judgment
  - If you and the opposing party are in agreement, complete the Judgment based on your agreement
  - If you have been directed by the Judge after a hearing, complete the Judgment based on the information given by the Judge

(Please see page 79 for an examples)

GENERAL JUDGMENT OF DISSOLUTION OF

☐ MARRIAGE ☐ RDP

GENERAL JUDGMENT

- If your Judgment includes a Money Award/Support Obligation, fill out the section completely
  - If there is a support obligation, fill out all relevant information relating to the Petitioner and the Respondent
  - Look for the second box in the section requesting the name of the party that is entitled to receive a money award from the Judgment, and fill out all relevant information
  - If there is not a support obligation, leave both sections blank, but do check the box that a money award is not included

(Please see page 80 - 81 for examples)

  - Possible money awards in the Judgment include:
    - Child Support/Cash Medical Support
    - Spousal/Partner Support
    - Property Division
    - Court Costs and Service Fees Already Paid
    - Deferred Court Costs and Service Fees

GENERAL JUDGMENT

- For the Money Award/Support Obligation, check the appropriate boxes corresponding to:
  - The type of the Judgment
  - Who pays the money award
  - Who receives the money award
  - The money award amount
  - The beginning and end date of the money award

(Please see page 79 - 80 for examples)

GENERAL JUDGMENT

- The Certificate of Readiness shows why your proposed judgment is ready for the Judge to review. *(Please see page 82 for an example)*
  - Check the boxes that apply.
  - Do not send a service copy: At your document review, the FRC will provide further directions about this process.
- If your case involves children and a child support order, there is an optional application for full child support program services available at the end of the General Judgment *(Please see page 83 for an example)*
  - By signing this portion of the General Judgment you are applying for child support services from the child support program, including enforcement services

GENERAL JUDGMENT

- After your General Judgment is signed by the Judge, your case is final, and the FRC will provide a free certified copy of the General Judgment to each party.
  - Pick the copies up during walk-in hours; or
  - Pick the copies up at the customer service counter

- If your General Judgment was not signed, email the FRC to make an appointment to resubmit your documents

General Judgment

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

In the Matter of the Marriage or Registered Domestic Partnership (RDP) of:

Case No: _____

_____ Petitioner

and

GENERAL JUDGMENT OF DISSOLUTION OF
☐ MARRIAGE ☐ RDP

_____ Respondent

and
☐ _____
Unmarried children 18, 19, or 20 years old *(full names)*

This document was presented to the court:
☐ On the motion and declaration of Petitioner, the default of Respondent having been found
☐ and Respondent being represented by a guardian ad litem or other person described in Oregon Rules of Civil Procedure, Rule 27
☐ On the stipulation of the parties, as shown by the signatures at the end of this *Judgment*
☐ After a hearing held _____ *(date)*, at which the following persons were present:
☐ Petitioner ☐ Petitioner's attorney _____
☐ Respondent ☐ Respondent's attorney _____
☐ Other _____

Children 18, 19, or 20 Years of Age
☐ Waived further appearance in these proceedings: *(names)* _____
☐ Fully participated in the proceedings and are bound by the terms of this judgment: *(names)* _____
☐ Signed and stipulated to the terms of this judgment as shown by the signatures below

FINDINGS:
A. The court considered the ☐ Declaration ☐ Stipulations ☐ Evidence presented and finds that: *(Check all that apply)*
I. ☐ Irreconcilable differences have caused the irremediable breakdown of this marriage or registered domestic partnership

II. At the time the *Petition* was filed:
Marriage Only: ☐ At least one spouse lived in Oregon and that same spouse had lived in Oregon continuously for 6 months prior to the filing of the Petition. At least one spouse lived in the county in which the *Petition* was filed.

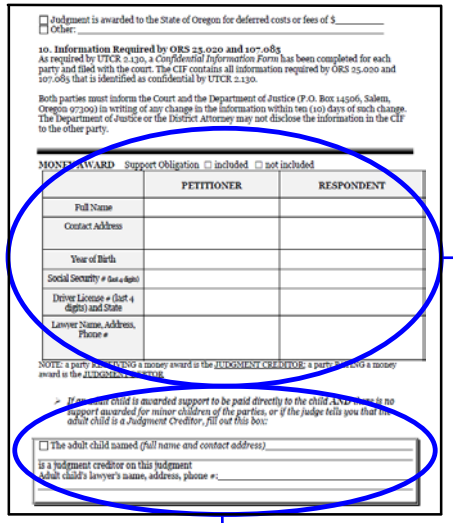
Registered Domestic Partnership Only:
☐ At least one partner lived in Oregon and that same partner had lived in Oregon continuously for 6 months prior to the filing of the Petition. At least one partner lived in the county in which the *Petition* was filed.

Section A: Check the Appropriate Box

FINDINGS:
A. The court considered the ☐ Declaration ☐ Stipulations ☐ Evidence presented and finds that: *(Check all that apply)*

Section A1 and beyond: Begin transferring the information based on how your case will resolve

General Judgment: Money Award/Support Obligation



Judgment is awarded to the State of Oregon for deferred costs or fees of $_____
Other: _____

10. Information Required by ORS 25.020 and 107.085
As required by UTCR 2.130, a *Confidential Information Form* has been completed for each party and filed with the court. The CIF contains all information required by ORS 25.020 and 107.085 that is identified as confidential by UTCR 2.130.

Both parties must inform the Court and the Department of Justice (P.O. Box 14506, Salem, Oregon 97309) in writing of any change in the information within ten (10) days of such change. The Department of Justice or the District Attorney may not disclose the information in the CIF to the other party.

MONEY AWARD Support Obligation ☐ included ☐ not included

	PETITIONER	RESPONDENT
Full Name		
Contact Address		
Year of Birth		
Social Security # (last 4 digits)		
Driver License # (last 4 digits) and State		
Lawyer Name, Address, Phone #		

NOTE: a party RECEIVING a money award is the JUDGMENT CREDITOR; a party PAYING a money award is the JUDGMENT DEBTOR

➢ *If an adult child is awarded support to be paid directly to the child AND there is no support awarded for minor children of the parties, or if the judge tells you that the adult child is a Judgment Creditor, fill out this box:*

☐ The adult child named *(full name and contact address)*_____
is a judgment creditor on this judgment
Adult child's lawyer's name, address, phone #:_____

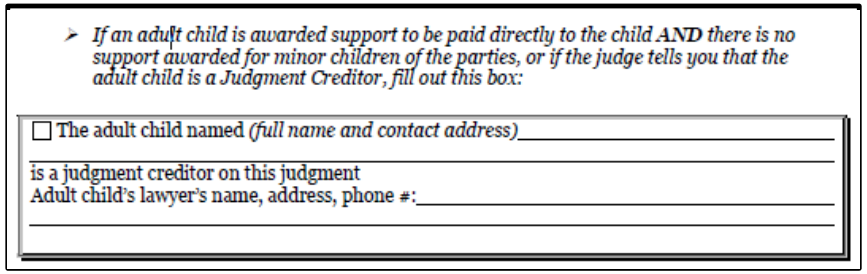
Check the appropriate box

MONEY AWARD Support Obligation ☐ included ☐ not included

	PETITIONER	RESPONDENT
Full Name		
Contact Address		
Year of Birth		
Social Security # (last 4 digits)		
Driver License # (last 4 digits) and State		
Lawyer Name, Address, Phone #		

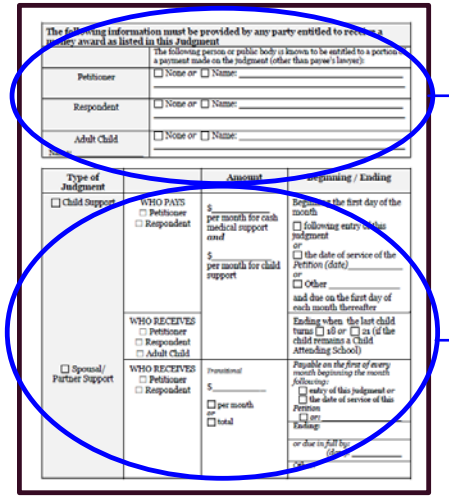
NOTE: a party RECEIVING a money award is the JUDGMENT CREDITOR; a party PAYING a money award is the JUDGMENT DEBTOR

If a Support Obligation is Included:
Fill out all of the information



If an adult child is awarded support, fill out this box

General Judgment: Money Award/Support Obligation - Continued



If a Support Obligation is included, fill in the information for any party entitled to receive a money award

The following information must be provided by any party entitled to receive a money award as listed in this Judgment	
	The following person or public body is known to be entitled to a portion of a payment made on the judgment (other than payee's lawyer):
Petitioner	☐ None *or* ☐ Name: _____
Respondent	☐ None *or* ☐ Name: _____
Adult Child Name: _____	☐ None *or* ☐ Name: _____

Check the appropriate boxes and fill in the appropriate information for each of the different types of money awards

Type of Judgment		Amount	Beginning / Ending
☐ Child Support	WHO PAYS ☐ Petitioner ☐ Respondent	$_____ per month for cash medical support ***and*** $_____ per month for child support	Beginning the first day of the month ☐ following entry of this judgment *or* ☐ the date of service of the *Petition (date)*_____ *or* ☐ Other _____ and due on the first day of each month thereafter
	WHO RECEIVES ☐ Petitioner ☐ Respondent ☐ Adult Child		Ending when the last child turns ☐ 18 *or* ☐ 21 (if the child remains a Child Attending School)
☐ Spousal/ Partner Support	WHO RECEIVES ☐ Petitioner ☐ Respondent	*Transitional* $_____ ☐ per month *or* ☐ total	*Payable on the first of every month beginning the month following:* ☐ entry of this judgment *or* ☐ the date of service of this *Petition* ☐ *or:* _____ Ending: *or due in full by: (date):* _____ Other:

General Judgment: Certificate of Readiness

Certificate of Readiness

This proposed judgment is ready for judicial signature because *(check all that apply)*:

☐ Service is not required under UTCR 5.100. ☐ The other party has been found in **default** or an order of default is being requested with this proposed judgment; ☐ this judgment is submitted **ex parte** as allowed by statute or rule; or ☐ this judgment is being submitted in **open court** with all parties present.

☐ Each party affected by this judgment has **stipulated** to or approved the judgment, as shown by the signatures on the judgment.

☐ I have **served** a copy of this judgment and written notice of the 7-day objection period set out in UTCR 5.100 on all parties entitled to service *(complete service information below)*. ***And:***

- ☐ No objection has been served on me within that time frame.
- ☐ I received objections that I could not resolve with the other party despite reasonable efforts to do so. I have filed with the court a copy of the objections I received and indicated which objections remain unresolved.
- ☐ After conferring about objections, the other party agreed to file any remaining objection with the court.

Certificate of Service under UTCR 5.100

I certify that on *(date)*: _____ I placed a true and complete copy of this proposed *Judgment* in the United States mail to *(name)* _____ at *(address)* _____

_____

Submitted by: ☐ Petitioner ☐ Respondent

_____ Signature

_____ Print Name

→ Check all boxes that apply.

→ Do not send a service copy until after your document review appointment with the FRC.

→ Check the appropriate box and print your name. Do not sign.

General Judgment: Child Support Program Services

I understand that I am subject to penalty for perjury for giving false information to the court. All factual information in this Judgment is true to the best of my knowledge and belief. I agree to the terms of this Judgment. I understand that this Judgment is enforceable by the court.

Date | Petitioner Signature
Print Name
Contact Address | City, State, Zip | Contact Phone

☐ Respondent stipulates (agrees) to the terms of this judgment

Date | Respondent Signature
Print Name
Contact Address | City, State, Zip | Contact Phone

☐ Child 18, 19, or 20 years of age, stipulates to the terms of this judgment

Date | Adult Child Signature
Print Name
Contact Address | City, State, Zip | Contact Phone

Optional: **APPLICATION FOR FULL CHILD SUPPORT PROGRAM SERVICES**
By signing below, I apply for child support services, including enforcement, from the Child Support Program (CSP). If you never received TANF, tribal TANF or AFDC in any state, an annual $25 fee will apply if over $500 is collected and distributed to the family each year.

Petitioner Signature | Date
Respondent Signature | Date
Adult Child Signature | Date

Remember: Do not sign or date your general judgment until you attend your document review with the FRC. You can print your name and contact information.

Sign

Date

Optional: **APPLICATION FOR FULL CHILD SUPPORT PROGRAM SERVICES**
By signing below, I apply for child support services, including enforcement, from the Child Support Program (CSP). If you never received TANF, tribal TANF or AFDC in any state, an annual $25 fee will apply if over $500 is collected and distributed to the family each year.

Petitioner Signature | Date
Respondent Signature | Date
Adult Child Signature | Date

AT ISSUE NOTICE AND MEDIATION

- If the Respondent files a Response, your case will be set for trial and you will receive an At Issue Notice from the Court's Calendaring Department
  - Complete and return the form to the Court by the due date given on the form

- If Parenting Time or Custody are an issue in your case, you will be also be assigned to court appointed mediation
  - You will receive a mediation orientation packet one week after the Response was filed
  - Complete the mediation orientation requirements and return the necessary forms to the Court by the due date on the forms

RESPONSE TO DIVORCE, SEPARATION, OR UNMARRIED PARENTS

RESPONSE TO PETITION
FOR DISSOLUTION OF
☐ MARRIAGE ☐ RDP
☐ and counterclaims

RESPONSE TO PETITION
FOR SEPARATION OF
☐ MARRIAGE ☐ RDP
☐ and counterclaims

RESPONSE TO PETITION
FOR CUSTODY AND
PARENTING TIME
AND CHILD SUPPORT
☐ and counterclaims
Claim is not subject to mandatory arbitration

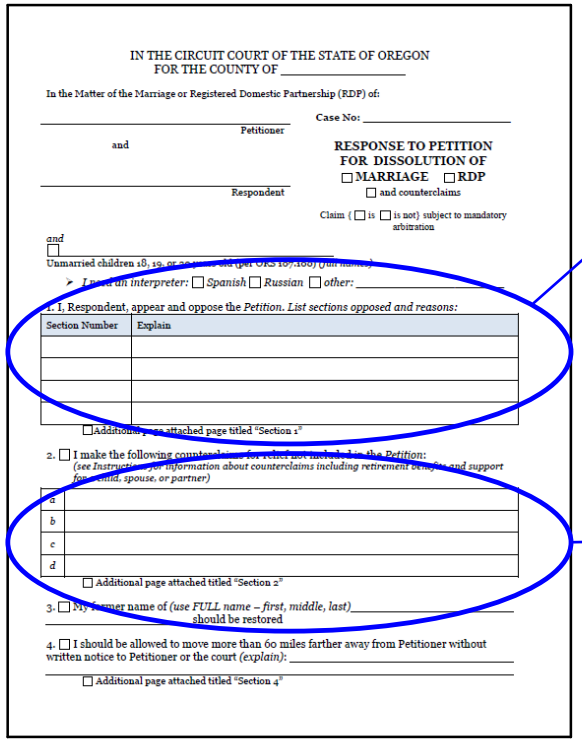
- Look at the Petition you were served
- State the section number(s) you oppose, if any
- Explain why you disagree with what the opposing party is asking for in the Petition
- Refer to the instructions for information about counterclaims, including retirement benefits and child, spousal, or partner support
- Contact the FRC to schedule a document review

(Please see page 86 for example)

Response to Divorce, Separation, or Unmarried Parents

Opposed Section Numbers

Explain Your Disagreement



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

In the Matter of the Marriage or Registered Domestic Partnership (RDP) of:

_____ Petitioner

and

_____ Respondent

Case No: _____

RESPONSE TO PETITION
FOR DISSOLUTION OF
☐ MARRIAGE ☐ RDP
☐ and counterclaims

Claim (☐ is ☐ is not) subject to mandatory arbitration

and
☐ _____
Unmarried children 18, 19, or 20 years old (per ORS 107.108) (full names)

➢ *I need an interpreter:* ☐ *Spanish* ☐ *Russian* ☐ *other:* _____

1. I, Respondent, appear and oppose the *Petition. List sections opposed and reasons:*

Section Number	Explain

☐ Additional page attached page titled "Section 1"

2. ☐ I make the following counterclaims for relief not included in the *Petition:*
(see Instructions for information about counterclaims including retirement benefits and support for a child, spouse, or partner)

a	
b	
c	
d	

☐ Additional page attached titled "Section 2"

3. ☐ My former name of *(use FULL name – first, middle, last)* _____ should be restored

4. ☐ I should be allowed to move more than 60 miles farther away from Petitioner without written notice to Petitioner or the court *(explain)*: _____

☐ Additional page attached titled "Section 4"

1. I, Respondent, appear and oppose the *Petition. List sections opposed and reasons:*

Section Number	Explain

☐ Additional page attached page titled "Section 1"

Section About Counterclaims (See Packet Instructions)

2. ☐ I make the following counterclaims for relief not included in the *Petition:*
(see Instructions for information about counterclaims including retirement benefits and support for a child, spouse, or partner)

a	
b	
c	
d	

☐ Additional page attached titled "Section 2"

MODIFICATIONS TO A JUDGMENT

- You are able to change the provisions of a prior Judgment related to spousal/partner support, child support, child custody, and parenting time
- The Petitioner and Respondent are the same as when the original Judgment was filed
- The case number will be the same as the original Judgment case number

MODIFICATIONS TO A JUDGMENT

- Use full names (first, middle, last) as they were at the time the case was originally filed
- If a name has changed since the original Judgment was filed, the new name may be shown in the heading
  - Write as: "NKA (Now Known As) insert new name"
  - Write the new name directly under the party's prior name

(Please see page 90 for example)

MODIFICATIONS TO A JUDGMENT

- You must list the Court or Agency, case number, and Judgment date of the Judgment you wish to modify
- Under Declaration: check the appropriate box
  - Check only the section(s) you are asking to modify and only complete those section(s)

(Please see page 91 and 92 for examples)

- If you are asking to modify child support, you must complete a Child Support Calculation and a Uniform Support Declaration

Modification of a Judgment

Fill in Clatsop

Fill in original case number

NKA "Insert New Name"

NKA "Insert New Name"

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

Case No: _____

_____
Petitioner

and

_____
Respondent

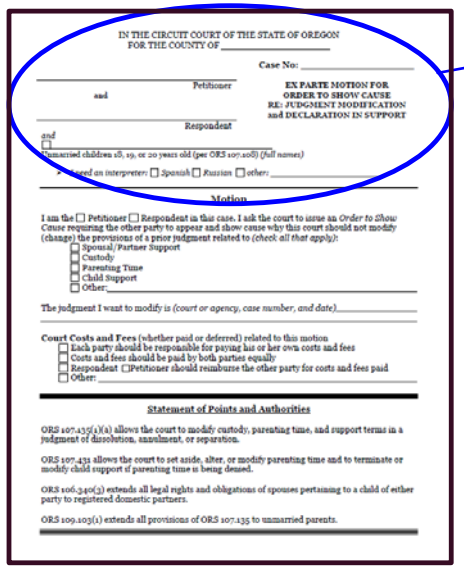
EX PARTE MOTION FOR
ORDER TO SHOW CAUSE
RE: JUDGMENT MODIFICATION
and DECLARATION IN SUPPORT

and

☐ _____

Unmarried children 18, 19, or 20 years old (per ORS 107.108) *(full names)*

➢ *I need an interpreter:* ☐ *Spanish* ☐ *Russian* ☐ *other:* _____



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

Case No: _____

_____ Petitioner

and

_____ Respondent

EX PARTE MOTION FOR
ORDER TO SHOW CAUSE
RE: JUDGMENT MODIFICATION
and DECLARATION IN SUPPORT

and

☐ _____

Unmarried children 18, 19, or 20 years old (per ORS 107.108) *(full names)*

➢ *I need an interpreter:* ☐ *Spanish* ☐ *Russian* ☐ *other:* _____

Motion

I am the ☐ Petitioner ☐ Respondent in this case. I ask the court to issue an *Order to Show Cause* requiring the other party to appear and show cause why this court should not modify (change) the provisions of a prior judgment related to *(check all that apply)*:

- ☐ Spousal/Partner Support
- ☐ Custody
- ☐ Parenting Time
- ☐ Child Support
- ☐ Other: _____

The judgment I want to modify is *(court or agency, case number, and date)*_____

Court Costs and Fees (whether paid or deferred) related to this motion

- ☐ Each party should be responsible for paying his or her own costs and fees
- ☐ Costs and fees should be paid by both parties equally
- ☐ Respondent ☐ Petitioner should reimburse the other party for costs and fees paid
- ☐ Other: _____

Statement of Points and Authorities

ORS 107.135(1)(a) allows the court to modify custody, parenting time, and support terms in a judgment of dissolution, annulment, or separation.

ORS 107.431 allows the court to set aside, alter, or modify parenting time and to terminate or modify child support if parenting time is being denied.

ORS 106.340(3) extends all legal rights and obligations of spouses pertaining to a child of either party to registered domestic partners.

ORS 109.103(1) extends all provisions of ORS 107.135 to unmarried parents.

Modification of a Judgment: Motion

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

Case No: _____

_____
Petitioner

and

_____
Respondent

EX PARTE MOTION FOR ORDER TO SHOW CAUSE RE: JUDGMENT MODIFICATION and DECLARATION IN SUPPORT

and
☐ _____
Unmarried children 18, 19, or 20 years old (per ORS 107.108) *(full names)*

➢ *I need an interpreter:* ☐ *Spanish* ☐ *Russian* ☐ *other:* _____

Motion

I am the ☐ Petitioner ☐ Respondent in this case. I ask the court to issue an *Order to Show Cause* requiring the other party to appear and show cause why this court should not modify (change) the provisions of a prior judgment related to *(check all that apply)*:

- ☐ Spousal/Partner Support
- ☐ Custody
- ☐ Parenting Time
- ☐ Child Support
- ☐ Other: _____

The judgment I want to modify is *(court or agency, case number, and date)*_____

Court Costs and Fees (whether paid or deferred) related to this motion

- ☐ Each party should be responsible for paying his or her own costs and fees
- ☐ Costs and fees should be paid by both parties equally
- ☐ Respondent ☐Petitioner should reimburse the other party for costs and fees paid
- ☐ Other: _____

Statement of Points and Authorities

ORS 107.135(1)(a) allows the court to modify custody, parenting time, and support terms in a judgment of dissolution, annulment, or separation.

ORS 107.431 allows the court to set aside, alter, or modify parenting time and to terminate or modify child support if parenting time is being denied.

ORS 106.340(3) extends all legal rights and obligations of spouses pertaining to a child of either party to registered domestic partners.

ORS 109.103(1) extends all provisions of ORS 107.135 to unmarried parents.

The judgment I want to modify is *(court or agency, case number, and date)*_____

Original Judgment Court or Agency

Original Judgment Case Number

Original Judgment Date

Modification of a Judgment: Declaration

Complete any section you are asking to change.
Be sure to complete all the parts of that section.

Declaration

☐ The other party is not in active military service of the United States and is not incapacitated, a minor, a protected person, or a respondent (as defined by ORS 125.005)
☐ Other *(explain)*: _____

☐ ***Spousal/Partner Support:***
Spousal/Partner support should be ☐ terminated ***or*** ☐changed to *(explain the changes you want)* _____

Because *(specifically describe substantial change in circumstances)* _____

Effective date - The new support order should be effective as of ☐the date this *Motion* is served on the other party *(or)* ☐ Other _____

Children

☐ A No-Contact Order (criminal or other) prohibits Respondent from exercising parenting time
Case # _____ County/State: _____

The following children are affected by this request *(names and ages of children)* _____

☐ ***Custody and Parenting Time***

1. **UCCJEA Information (Uniform Child Custody Jurisdiction and Enforcement Act)**
This court has jurisdiction to modify custody, or parenting time under the UCCJEA (ORS 109.741 – 109.751) because
☐ An Oregon court made the original order and the children (or at least one parent) still live in Oregon
☐ Other reason *(explain)*_____

1A. List the places where any of the named children has lived in the last five years, the names of the people they lived with at that time, and *current* contact addresses for those people

Complete the Declaration

Declaration

☐ The other party is not in active military service of the United States and is not incapacitated, a minor, a protected person, or a respondent (as defined by ORS 125.005)
☐ Other *(explain)*: _____

As an example, if you were asking to change Spousal/ Partner Support, check the appropriate boxes and fill in the information requested. Complete for any section you are requesting to change.

☐ ***Spousal/Partner Support:***
Spousal/Partner support should be ☐ terminated ***or*** ☐changed to *(explain the changes you want)* _____

Because *(specifically describe substantial change in circumstances)* _____

Effective date - The new support order should be effective as of ☐the date this *Motion* is served on the other party *(or)* ☐ Other _____

ADDITIONAL RESOURCES

- Additional information about Clatsop County Family Court is available at:
  - https://www.courts.oregon.gov/courts/clatsop/programs-services/Pages/family-court.aspx
- All of the Oregon State forms we offer are available online at:
  - https://www.courts.oregon.gov/forms/Pages/default.aspx
- All of the Clatsop County forms we offer are available online at:
  - https://www.courts.oregon.gov/courts/clatsop/help/Pages/forms.aspx
- Child Support Calculator:
  - https://justice.oregon.gov/guidelines

ADDITIONAL RESOURCES

- If you have legal questions, please contact an attorney

- Oregon Lawyer Referral Services: 800-452-7636
- The Oregon State Bar: www.osbar.org

- Oregon Law Center: 503-640-4115 or 877-296-4076
- Oregon Law Center Website: https://oregonlawhelp.org/

ADDITIONAL RESOURCES

- The Harbor:
  - 801 Commercial Street (Lower Level) Astoria, OR 97103
  - Office Number: 503-325-3426
  - Hotline Number (24/7 Crisis Support Line): 503-325-5735
  - Fax Line: 503-325-7101
  - Email: info@harbornw.org

- The Harbor General Office Hours:
  - Monday, Tuesday, Thursday, Friday - 9:00am-4:00pm
  - Wednesday - 9:00am-12:00pm

ADDITIONAL RESOURCES

- The Harbor offers the following services:
  - Help filling out paperwork for various protective orders
  - Domestic and sexual assault response team emergency services
  - Confidential emergency shelter space
  - Safety planning
  - Support groups
  - Accompaniment to court and the hospital
  - Additional resources for support and care

THE END