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

In the Matter of \Box the Marriage of:)
, Petitioner,) Case No
and	 PETITIONER'S AFFIDAVIT SUPPORTING JUDGMENT OF DISSOLUTION
Respondent.)
STATE OF OREGON)) ss.
County of)
I,	, being first duly sworn, say: I am the petitioner in this
proceeding. The parties were married/regist	tered on (date):, in the County of
, State of	Irreconcilable differences between the
spouses/partners has caused the irremediabl	e breakdown of the marriage/domestic partnership. \Box Petitioner \Box
Respondent was an Oregon resident continu	ously for at least six months immediately prior to commencement of this suit.
\Box No domestic relations suits involving thi	s marriage/partnership of Petitioner and Respondent are pending in any other
court.	

☐ There are no unemancipated children under the age of 18 to this marriage/partnership, OR no child of this marriage/partnership is age 18 to 21 and a "child attending school" as defined in ORS 107.108.

 \Box Neither party is now pregnant.

□ Respondent has not appeared in this matter and an Order of Default and Entry of Judgment by Default has been entered.

 \Box Respondent filed a response and later \Box signed and filed a Waiver of Further Appearance and Consent to Entry of Judgment, (or) \Box has waived further hearing by stipulating to the terms of the Judgment.

This case is now ready for a hearing on the merits. I make this affidavit in support of a Judgment of Dissolution of Marriage/Domestic Partnership without a hearing. The allegations in my Petition are true and it is just and reasonable the relief requested in the proposed judgment be granted.

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\Box The request for spousa	l support is supported by	the followin	g facts:		
Certificate of Document	Preparation. You are re	equired to tru	uthfully complete this certifi	cate regarding the	
ocument you are filing with the c	court. Check all boxes an	d complete a	ll blanks that apply:		
\Box I selected this docume	nt form myself, and I con	npleted it wit	thout paid assistance.		
\Box I paid or will pay money to			for assistance in preparing this form.		
ated:	, 20 .				
etitioner's Signature	Pr	int Name			
Address or Contact Address	City, State, Zip	Teleph	none or Contact Telephone		
SIGNED AND SWORN t	o before me this	day of	, 20	,	
У					
/					
			Notary Public for	/Court Cler	
			My Commission Expires:		