

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

In the Matter of: _____)
 _____)
 and Petitioner, _____)
 _____)
 and Respondent, _____)
 _____)
 _____)
 Child who is at least 18 and under 21)
 Years of age, unmarried and)
 unemancipated. (ORS 107.108))

Case No. _____

STIPULATION TO MODIFY
 CUSTODY
 PARENTING TIME
 CHILD SUPPORT
 SPOUSAL SUPPORT
AND
SUPPLEMENTAL JUDGMENT
[ORS 107.135; 107.174]

Based upon the request and stipulation of the parties, as shown by the notarized signatures below, and it appearing to the Court that a judgment of annulment, dissolution of marriage, separation, or establishing paternity, custody and parenting time was granted in this case on _____, 20____, in case number _____, in the _____ County Circuit Court, that the parties jointly request a modification of the custody, parenting time and/or child support provisions of this judgment; Now, therefore,

IT IS HEREBY ORDERED that:

1. Custody:

- (a) The judgment with respect to custody remains in effect and unchanged.
- (b) Petitioner Respondent is awarded sole custody of the child/ren: *(Names and years of birth)*, _____
- (c) The parties have agreed to joint custody of the following child/ren: *(Names and years of birth)*, _____

as described in the attached parenting plan, labeled "Exhibit 1."

2. Father Mother shall have **parenting time** with the child/ren in accordance with the attached parenting plan, labeled "Exhibit 1", or as follows: _____

Neither parent shall move to a residence more than 60 miles further distant from the other parent without giving the other parent reasonable notice of the change of residence and providing a copy of such notice to the court, or the requirement of ORS 107.159 regarding notice of move is suspended for good cause found.

3. Child Support, including Cash Medical Support.

- (a) Child support as previously ordered remains in effect and unchanged.
- (b) The Judgment is modified to terminate Petitioner's Respondent's support obligation effective _____ for the child/ren: _____
(name(s) and year(s) of birth)

4. Cash Child Support.

Complete either (a) or (b) below:

- (a) Cash child support must be paid by Petitioner to Respondent (or) Respondent to Petitioner beginning on the first or _____ of the month following the date of the judgment and continuing on the same day of each month thereafter. The total payment per month is \$ _____ for _____ children.

The cash child support:

- Is the amount presumed to be appropriate under the support guidelines.
- Is different from the presumed appropriate amount of \$ _____ because (list reasons) _____

- (b) No cash child support is ordered in this judgment because:
 - An order, including medical support, for child support in the monthly amount of \$ _____ has already been ordered in Circuit Court case number _____ in _____ County, Oregon.
 - Other reason: _____

5. Medical Support. Complete section (a) or (b) below. Also complete section (c) or (d) below.

Complete (a) or (b):

(a) Private Health Care Coverage is Appropriate and Available.

- Petitioner Respondent Both Petitioner and Respondent has/have appropriate private health care coverage available for the parties' child/ren through an employer, spouse, domestic partner or other source. Petitioner Respondent Both Petitioner and Respondent is/are ordered to obtain and/or maintain this coverage throughout the period of the support obligation for the benefit of the parties' child/ren.
- Health care coverage is not ordered in this judgment because it has already been ordered in another case as described in section 2(b) above.

(b) No Private Health Care Coverage is Appropriate or Available.

- Neither Petitioner nor Respondent has appropriate private health care coverage available for the parties' child/ren. Petitioner Respondent Both Petitioner and Respondent must provide appropriate private health care coverage for the child/ren when such coverage becomes available to them at a reasonable cost through any source.
- The custodial parent shall enroll or maintain the child/ren in public health care coverage.

Complete (c) or (d):

(c) Cash Medical Support Ordered.

- Because the parent receiving cash child support is ordered to maintain private health care coverage and the parent paying cash child support is not ordered to maintain private health insurance, in addition to cash child support Petitioner Respondent must pay \$ _____ for cash medical support to Petitioner Respondent, or
- Because neither parent has appropriate private health care coverage available for the parties' child/ren: Petitioner must pay cash medical support in the monthly amount of \$ _____ to Respondent and/or Respondent must pay cash medical support in the monthly amount of \$ _____ to Petitioner.

(d) Cash Medical Support Not Ordered.

- Cash medical support is not ordered for the following reasons:
 - The parent paying cash child support is also providing health care coverage.
 - Section (e) below requires the parties to share the cost of the child/ren's uninsured medical expenses.
 - Petitioner's Respondent's gross monthly income is at or below the Oregon minimum wage for full-time employment.
 - Other reason: _____
-

(e) Responsibility for Uninsured Health Expenses.

After the custodial parent pays the first \$250 per year per child, Petitioner must pay _____% and Respondent must pay _____% of the reasonably incurred uninsured health, accidental, dental, orthodontic, and optical costs incurred by the child/ren, including costs for prescriptions. This obligation is in addition to instead of any cash medical support ordered above in paragraph 2 as part of the child support award.

6. Length of Child Support.

Unless the child becomes self-supporting, emancipated, or married:

- The support ordered in paragraphs 4 and 5 above for each child shall continue until the child reaches eighteen (18) years of age.
- The support ordered in paragraphs 4 and 5 above for each child shall continue until the child reaches age 21 if the child qualifies for support as a child attending school as defined by Oregon law.

NOTICE ABOUT PERIODIC REVIEWS

If you are receiving child support services through the Department of Justice, either parent may request that the Department of Justice/Division of Child Support review the amount of support ordered after three years from the date the order took effect or at any time upon a substantial change of circumstances.

7. Payment of Child Support

Pursuant to ORS 25.378(1), an income withholding order shall be issued to enforce the child support obligation unless an exception is indicated below.

- Exceptions to withholding.** Income withholding is not ordered at this time because there is no support arrearage, the paying parent has not previously been granted an exemption from withholding, and:
 - The parents, and the State, if support rights are assigned, have agreed in writing to an alternative arrangement; or
 - Good cause not to require withholding is found because there is proof of timely payment of previously-ordered support and income withholding would not be in the best interests of the child.

All payments of child support shall be made (check either (a) or (b) below):

- (a) To the Oregon Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309 or by electronic payment withdrawal (EPW) or electronic funds transfer (EFT).
- (b) Pursuant to the above exception, directly to Petitioner's Respondent's checking or savings account. A receipt of deposit shall be kept by the parent paying support as proof of payment. A canceled check is also prima facie evidence that payment has been made. The person receiving support shall provide the paying parent with current deposit slips and/or bank name, account name and account number.

NOTICE OF INCOME WITHHOLDING

This child support order is enforceable by income withholding under ORS 25.378 to 25.390, 25.414 to 25.372 and 25.375. Withholding shall occur immediately, whenever there is an arrearage at least equal to the support payment for one month, whenever the obligated parent requests such withholding, or whenever the obligee requests withholding for good cause. The District Attorney or, as appropriate, the Division of Child Support of the Department of Justice, will assist in securing such withholding. Exceptions may apply in some circumstances.

8. Dependents for Tax Purposes.

Petitioner Respondent shall be entitled to claim the following child(ren) as dependent(s) for tax purposes beginning the year this judgment is entered (*list names*): _____

OR

Other (*specify*): _____

9. Life Insurance Coverage for Child/ren.

Petitioner Respondent shall obtain and maintain life insurance for the benefit of the parties' child/ren throughout the period of the support obligation if he/she is insurable. The coverage shall be in the amount of \$_____.

NOTICE ABOUT PARENTING TIME AND CHILD SUPPORT

The terms of child support and parenting time (visitation) are designed for the child's benefit and not the parents' benefit. You must pay support even if you are not receiving parenting time. You must comply with parenting time and visitation orders even if you are not receiving child support.

Violation of child support orders and visitation or parenting time orders is punishable by fine, imprisonment or other penalties.

Publicly funded help is available to establish, enforce, and modify child support orders. Paternity establishment services are also available. Contact your local district attorney, the domestic relations court clerk, or the Department of Justice at 1-800-850-0228 or 503-378-5567 for information.

Publicly funded help may be available to establish, enforce, and modify parenting time or visitation orders. Forms are available to enforce parenting time or visitation orders. Contact the domestic relations, civil court clerk or courthouse facilitator for information.

10. Petitioner Respondent shall be entitled to claim the following child/ren as dependent/s for tax purposes beginning the year this judgment is entered (*list names*): _____

OR

Other (*specify*): _____

11. Spousal Support

The obligation of Petitioner Respondent to pay spousal support to Petitioner Respondent is terminated effective (list date) _____. All spousal support has been paid as of the date the obligation terminates. There is past spousal support due in the amount of \$_____ as of (list date) _____.

The spousal support obligation is modified as reflected in the money award language below.

12. Unchanged Terms of Judgment Remain in Effect. Any terms in the Judgment not changed by this Supplemental Judgment shall remain in full force and effect.

13. Money Award. Child Support Obligation included not included.
 Spousal Support included not included.

| Additional information | PETITIONER | RESPONDENT |
|--|------------|------------|
| Full Name | | |
| Address or Contact Address | | |
| Attorney's Name, Telephone Number and Address (if applicable) | | |
| Year of Birth | | |
| Last Four Digits of Driver License Number and State of Issuance | | |
| Last Four Digits of the Support Obligor's Social Security Number | | |

The following information is to be provided by any party entitled to receive a money award (a "judgment creditor") as listed in this Judgment.

| | |
|---|--|
| Others Entitled to Portions of Judgment Payable to PETITIONER | The following person(s) or public bod(ies) are known by Petitioner to be entitled to a portion of a payment made on the judgment (other than Petitioner's attorney): <input type="checkbox"/> None or <input type="checkbox"/> _____ _____ |
| Others Entitled to Portions of Judgment Payable to RESPONDENT | The following person(s) or public bod(ies) are known by Respondent to be entitled to a portion of a payment made on the judgment (other than the Respondent's attorney): <input type="checkbox"/> None or <input type="checkbox"/> _____ _____ _____ |

| Type of Judgment | | Amount of Judgment |
|---------------------|--|--|
| Child Support Award | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | \$_____ <input type="checkbox"/> per month, of which \$_____ is cash medical support. Starting on <input type="checkbox"/> the first day or (day) _____ of the month following the date of the judgment |
| | WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | |

| | | |
|-----------------------|--|---|
| Spousal Support Award | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | 1. \$ _____ per month starting on <input type="checkbox"/> the first day or <input type="checkbox"/> Other: _____ of the month following the date of the judgment, lasting until (date) _____, or the death of either party, whichever comes first; or 2. A lump sum payment of \$ _____ to be paid by (date): _____ |
| | WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | |

SPOUSAL SUPPORT PAYMENTS ARE TAXABLE TO THE OBLIGEE SPOUSE AND DEDUCTIBLE TO THE OBLIGOR SPOUSE. ALL PAYMENTS TERMINATE UPON THE DEATH OF EITHER PARTY.

| | | |
|-----------------------------------|--|--|
| Property Division (if applicable) | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | 1. \$ _____ per month, starting on the <input type="checkbox"/> first day or <input type="checkbox"/> Other: _____ of the month following the date of the judgment until the total amount of \$ _____ is paid in full; or 2. A lump sum payment of \$ _____ to be paid by: _____ (date). |
| | WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | |

| | | |
|---|--|----------|
| Prejudgment Interest (Note: ORS 21.607(1) disallows interest on fees that have been deferred.) | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | \$ _____ |
| | WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | |

| | | |
|--|--|---|
| Postjudgment Interest (Note: ORS 21.607(1) disallows interest on fees that have been deferred.) | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | Nine percent (9 %) per annum simple interest on the unpaid balance of the total judgment amount(s) of \$ _____. Interest accrues from the date the judgment is entered and continues until fully paid. |
|--|--|---|

| | | |
|---|--|--|
| Accrued Arrears (if any, on judgments to be paid on a periodic basis) | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | 1. \$ _____ per month, starting on the <input type="checkbox"/> first day or <input type="checkbox"/> Other: _____ of the month following the date of the judgment until the total amount of \$ _____ is paid in full; or 2. A lump sum payment of \$ _____ to be paid by: _____ (date). |
| | WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | |

| | | |
|---|--|----------|
| Costs and Service Expenses (e.g., filing fees, hearing fees, trial fees, process fees) | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | \$ _____ |
| | WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | |
| Attorneys Fees (if any) | WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | \$ _____ |
| | WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | |

DATED this _____ day of _____, 20_____.

Circuit Court Judge

Print Name

APPLICATION FOR FULL CHILD SUPPORT PROGRAM SERVICES: By signing below, I apply for child support services, including enforcement, from the Child Support Program (CSP). Check the box in Paragraph 6(a) if you are requesting accounting and disbursement services only. (Note: 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

All parties have stipulated (agreed) to the terms of this Judgment.

Petitioner, Signature

State of _____)
County of _____)

This instrument was acknowledged before me on _____, 20_____, (date)
by _____ (name of person(s)).

Notary Public for _____/Court Clerk
My Commission Expires: _____

