

Status Quo Order Application Packet

Instructions for Packet 6B

This process is authorized by ORS 107.097(2) for certain cases involving child custody issues. A petition for divorce, separation, custody or parenting time must have already been filed, or must be filed at the same time as the forms in this packet are filed. These forms cannot be used in a case to modify (change) an existing judgment establishing custody.

STEP 1

Fill out the following forms: Affidavit in Support of Motion for Status Quo Order (AFFIDAVIT), Ex Parte Motion for Status Quo Order (MOTION) and Ex Parte Status Quo Order (ORDER).

The case heading (names and case number) at the top of each form will be the same as it is on the petition that started your case. Sign the lines that say “I certify this is a true copy” only on the copies that you make for the other party. You must sign the affidavit in front of a court clerk or notary, and will be asked for picture identification.

Attach any existing custody orders involving the child/ren to the AFFIDAVIT.

STEP 2

Get your paperwork reviewed by the courthouse facilitator (if there is one at your court) or an attorney. Ask the court clerk if a judge is available to decide if the order should be signed.

STEP 3

Make two copies of the AFFIDAVIT, MOTION and signed ORDER (one for service; one for your records). Sign the copies on the line below the words, “I certify this is a true copy.”

STEP 4

File the original documents (AFFIDAVIT, MOTION, and ORDER) with the court clerk.

STEP 5

Have the AFFIDAVIT, MOTION and ORDER served on the other parent. You may use the sheriff’s office or a process server to complete service. For information about other service methods, talk to your local courthouse facilitator.

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

In the Matter of the Marriage of:)
)
_____,) Case No. _____
Petitioner,)
and) EX PARTE MOTION
) FOR STATUS QUO ORDER
_____,)
Respondent.)

I, _____, request that the Court issue a Status Quo Order pursuant to
(Print your name)

ORS 107.097(2), restraining Petitioner and Respondent from changing the child/ren's usual place of residence
(the place where the child/ren are currently living and have lived for the past three months) at
_____, from interfering with the present

(Print address of child/ren's usual place of residence)

placement and daily schedule of the child/ren, from hiding or secreting the child/ren from the other
party, from interfering with the other parent's usual contact and parenting time with the child/ren, or from taking
the child/ren out of the state without the written permission of the other parent or permission of the Court, or in
any manner disturbing the current schedule and daily routine of the child/ren until custody or parenting time has
been determined.

The name(s) of the parties' minor child/ren that should be protected by this order are (date(s) of birth
provided by UTCR 2.130 CIF):

This Motion is based on the attached Affidavit.

DATED: _____, 20 ____.

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document
you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to _____ for assistance in preparing this form.

 Petitioner Respondent, Signature Print Name

Address or Contact Address City, State, Zip Telephone or Contact Telephone

I certify that this is a true copy: _____, Signature

7. I have have not participated in any litigation concerning the custody, visitation, parenting time or placement of the child/ren in this or any other state. I have participated in the following litigation:

Name of Court	State	Case No.	Date	Result

8. I do not know of any other domestic violence, custody, visitation, parenting time or placement proceeding involving the child/ren, or of any other court case which could affect this case, pending in this or any other state except for: _____

(identify court, case number and the kind of proceeding)

9. I do not know any person other than my spouse who has physical custody of the child/ren or who claims to have custody, visitation or parenting time rights except for: _____

(list name and address)

10. There are are not any other custody, parenting time, visitation or restraining orders affecting the child/ren. I have attached copies of any existing orders to this affidavit.

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to _____ for assistance in preparing this form.

Petitioner Respondent, Signature Print Name

Address or Contact Address City, State, Zip Telephone or Contact Telephone

SIGNED AND SWORN to before me this _____ day of _____, 20 _____

Notary Public for _____/Court Clerk

My Commission Expires: _____

I certify that this is a true copy: _____

Petitioner Respondent, Signature

The name/s and birth date/s of the parties' minor child/ren is/are: _____

Dated this _____ day of _____, 20_____.

Circuit Court Judge

Print Name

Notice

You may request a hearing on this order as long as it remains in effect by filing with the court a [*hearing request in the form described in ORS 107.097 (5)*] request for a hearing. In the request you must tell the court and the other party that you object to the order and specifically why you disagree with the representation of the status quo described in the order. In the request you must also inform the court of your telephone number or contact number and your current residence, mailing or contact address. This form is available through the Oregon Judicial Department's web site, <http://www.ojd.state.or.us/familylaw>, and may also be available through your local circuit court.

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to for assistance in preparing this form.

 Petitioner Respondent, Signature

Print Name

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone

I certify that this is a true copy: _____

Petitioner Respondent, Signature

3. **Office Service.** On the _____ day of _____, 20____, at _____ a.m./p.m., I served true copies of the **Ex Parte Motion for Status Quo Order, Affidavit in Support of Motion, and Status Quo Order** by delivering them, in person, 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 and who has a business duty to provide the documents to the party to be served. (Complete the section below only if the undersigned performed the follow-up mailing required by ORCP 7D(2)(c). If a party or other person other than the undersigned did the follow up mailing, s/he must use a separate Affidavit/Certificate of Mailing.)

On the _____ day of _____, 20____, I personally deposited a true copy of the **Ex Parte Motion for Status Quo Order, Affidavit in Support of Motion, and Status Quo Order** with the United States Postal Service, via first class mail, in a sealed envelope, postage prepaid, addressed to the party to be served: Petitioner Respondent (name) _____, at the party's: home address located at: _____ (address), OR business address, listed above, together with a statement of the date, time and place that the documents were hand-delivered to the party's office.

4. **Service by Mail, Return Receipt Requested.** On the _____ day of _____, 20____, I personally deposited **two true copies** of the **Ex Parte Motion for Status Quo Order, Affidavit in Support of Motion, and Status Quo Order** with the United States Postal Service, one via first class mail, and the other by certified or registered, return receipt requested, or by express mail, with postage on both copies fully paid, addressed to the party to be served: Petitioner or Respondent _____ (name), at the party's: home address located at: _____ (address). (NOTE: If mailed return receipt requested, the return receipt should be attached to this Affidavit of Service.)

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to _____ for assistance in preparing this form.

Complete ONE of the following:

IF AFFIDAVIT:

Dated this _____ day of _____, 20_____.

Signature of Server

Print Name

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone

SIGNED AND SWORN to before me this _____ day of _____, 20 _____,

By _____.

Notary Public for _____/Court Clerk

My Commission Expires: _____

OR

IF DECLARATION:

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Dated this _____ day of _____, 20 _____.

Signature of Server

Print Name

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone