

Appeal of Administrative Order of Child Support
and
Request for Hearing de Novo
INSTRUCTIONS

STEP 1

Fill out the **Petition for Hearing de Novo on Administrative Child Support Order (PETITION)** completely except for where it says “*I certify this is a true copy.*” You will sign this line only on the copies you mail to the administrative agency and the other parent. **Attach a certified copy of the administrative order to the Petition.**

STEP 2

Make three copies of the Petition (one to mail to the administrative agency, the second to mail to the other parent, and the third to keep for your records). Sign the copies for the administrative agency and the other parent where it says: “*I certify this is a true copy.*”

STEP 3

Mail a copy of the Petition to the **administrative agency** that initiated the case (this will be either the Division of Child Support or the Family Law Division of the District Attorney’s Office), and to the **other parent** using regular first class mail. **Then fill out the Certificate of Mailing form.**

STEP 5

File both the original Petition and Certificate of Mailing with the court. There is a filing fee for this court action. Check with the court clerk for the current fee schedule. You may ask the court to waive or defer payment of this fee by filing an “*Application for Waiver or Deferral of Fees*”

STEP 6

Attend all hearings. If you do not receive notice of a hearing, check with the court to find out the status of your Petition.

IN THE CIRCUIT COURT OF THE STATE OF OREGON
COUNTY OF LINN

_____) Case No. _____
Petitioner on Review,)
(Check one: Obligor Obligee))
vs.) PETITION FOR HEARING DE NOVO
) ON ADMINISTRATIVE CHILD
) SUPPORT ORDER
) [ORS 416.427(6)]
_____)
Respondent on Review,)
(Check one: Obligor Obligee)
and)
STATE OF OREGON, Respondent on Review)

I am the Petitioner Respondent in the above referenced action.

I request a hearing de novo to appeal all or part of the Administrative Child Support Order dated _____, 20____, a certified copy of which is attached.

The Administrative Child Support Order was filed with the court on (date) _____.

Not more than 60 days have passed since the Administrative Child Support Order was filed with the court.

I will will not be represented by an attorney at the hearing.

Attorney Name: _____

Notice of the time and place of the hearing can be mailed to me at the address given below:

Dated: _____, 20_____.

Signature of Petitioner Respondent Print Name

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

I certify that this is a true copy: _____
Signature of Petitioner Respondent

IN THE CIRCUIT COURT OF THE STATE OF OREGON
COUNTY OF LINN

_____))
_____))
Petitioner on Review,)
(Check one: Obligor Obligee))
vs. .)
_____))
Respondent on Review,)
(Check one: Obligor Obligee))
and)
STATE OF OREGON, Respondent on Review)

Case No. _____

CERTIFICATE OF MAILING
 to ADMINISTRATIVE AGENCY
 to RESPONDENT ON REVIEW

I certify that on (date) _____, 20____, I placed a true copy of the *Petition for Hearing De Novo on Administrative Child Support Order (ORS 416.427(6))* in the above case in the United States mail addressed to the Administrative Agency initiating the case (check one):

- Division of Child Support
- Family Law Division of the District Attorney's Office

at _____
Address City, State Zip Code

in a sealed envelope with first class postage fully prepaid.

I certify that on (date) _____, 20____, I placed a true copy of the *Petition for Hearing De Novo on Administrative Child Support Order (ORS 416.427(6))* in the above case in the United States mail addressed to: _____

(Name of Respondent on Review)

at _____
Address, City, State Zip Code

in a sealed envelope with first class postage fully prepaid.

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.

Dated: _____, 20_____.

Signature of Petitioner Respondent Print Name

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

I certify that this is a true copy: _____
Signature of Petitioner Respondent