

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

Case No: _____

Petitioner

and

Respondent

**RESPONSE TO MOTION TO
MODIFY JUDGMENT**

1. I **disagree** with the following changes requested by the other party:
(be specific and use the children's first names where appropriate)
- a. Spousal/partner support *(explain)* _____

 - b. Custody of minor children *(explain)* _____

 - c. Parenting time *(explain)* _____

 - d. Child support *(explain)* _____

 - e. Medical insurance, uninsured medical costs, or cash medical support *(explain)* _____

 - f. Other *(explain)* _____

Additional page attached

2. **Information Required by the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)**

List the places where the minor children of the parties have lived in the last five years and the names of the people they lived with at that time

Dates (from/to)	County, State	Name of Parent/Caretaker	Contact Address of Parent/Caretaker	Which Children

Additional page attached titled "UCCJEA"

I have not participated in any litigation concerning custody, visitation, parenting time or placement of the children in this or any other state

or

I have participated in the following litigation:

Name of Court	State	Case No.	Date	Result

Additional page attached titled "UCCJEA-Litigation"

I do not know of any other child support, domestic violence, custody, parenting time, or placement proceeding involving the children, or of any other court case which could affect this case, pending in any state

except for: _____

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

I do not know any person other than my spouse/partner who has physical custody of the children or who claims to have custody, visitation or parenting time rights

except for: _____

(list name and address)

Certificate of Document Preparation. Check all that apply:

- I chose this form for myself and completed it without paid help
 A legal help organization helped me choose or complete this form, but I did not pay money to anyone
 I paid (or will pay) _____ for help choosing, completing, or reviewing this form

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

Name (printed)

Contact Address

City / State / ZIP

Contact Phone