

3. **Custody.** A substantial change in circumstance has occurred since the last custody order and it would be in the child/ren's best interests to change the custody terms.

4. **Parenting Time.** It would be in the child/ren's best interests to change the parenting time terms.

5. **Child Support.** A change in custody, parenting time, or other circumstance, has occurred requiring a change in the current support obligation.

6. Child/ren Who Are At Least 18 and Under 21 Years of Age.

_____ (child/ren's name) is at least 18, 19 or 20 years of age and unmarried and has:

- Waived further appearance in these proceedings.
- Signed and stipulated to the terms of judgment evidenced by the signature below.
- Fully participated in the proceedings and the judgment effectively binds him/her to the terms.

IT IS THEREFORE ORDERED that:

The Judgment is modified as follows:

1. Custody:

(a) Petitioner Respondent is awarded sole custody of the child/ren (*list names*):

(*Name/s and year/s of birth*)

(b) The parties have agreed to joint custody of the following child/ren (*list names*):

(*Name/s and year/s of birth*)

2. Parenting Time:

(a) Petitioner Respondent should have parenting time with the child/ren as set forth in the attached Parenting Plan, labeled Exhibit _____, or Other: _____

(b) Petitioner Respondent should not be granted parenting time because this would endanger the health and safety of the child/ren.

(c) Parenting time shall be supervised by: _____

Any cost of the supervision shall be paid by Petitioner Respondent

Other: _____

(d) Petitioner and Respondent should each provide contact addresses and contact telephone numbers to the other and notify each other of any emergency circumstances or substantial changes in the child/ren's health.

(e) 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) The Judgment is modified to terminate Petitioner's Respondent's support obligation effective _____ for the child/ren: _____

(name/s and year/s of birth)

due to the change in custody.

4. Cash Child Support.

Complete either (a) or (b) below:

- (a) Cash child support shall be paid by Petitioner to Respondent (or) Respondent to Petitioner:
 - In the amount of \$ _____ for _____ children. This is the amount presumed correct as determined under the Oregon child support guidelines, **or**
 - In the amount of \$ _____ for _____ children. The amount presumed correct as determined under the Oregon child support guidelines, \$ _____, would be unjust or inappropriate for the following reasons: _____

A Child Support Worksheet on which the support amount was calculated is labeled "Exhibit ____" and attached to and incorporated in this judgment.

Child support Payments:

- Petitioner Respondent shall pay cash child support beginning on:
 - The first (or _____) day of the month following the date of the judgment and continuing on the same day of each month thereafter.
 - or**
 - _____, the date Petitioner Respondent was served with the motion or other date thereafter, and continuing on the same day of each month thereafter (*check this option only if requested in the motion or agreed to by the parties*).

- (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 4(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 (6) 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: _____
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6. 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 5(c) as part of the child support award.

7. 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.

8. 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.

9. 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*): _____

10. 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 \$_____.

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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. Information is also available at www.oregonchildsupport.gov.

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.

NOTICE ABOUT PERIODIC REVIEW AND MODIFICATION OF CHILD SUPPORT ORDERS

If your child support case is handled by the District Attorney or the Department of Justice Division of Child Support, this agency will review your child support order if at least three years have passed since the order was entered, modified, or last reviewed. *This review will take place only if a parent requests.*

The purpose of the review is to see if the amount ordered is still within the guidelines for child support set out in Oregon law. The review could result in an increase or decrease in the support amount, depending on the parents’ financial circumstances and the needs of the child.

This “periodic review” service is provided at no cost to parents, but is available only for cases handled by the District Attorney or the Department of Justice.

The support agency handling your case will also review your support order for compliance with the guidelines whenever a substantial change in circumstance has occurred. You can request this “change in circumstance” modification from the support agency. But *any* support order (not just orders handled by the District Attorney or Department of Justice) can be modified because of a change in circumstance, so a private attorney is also able to assist you with this. You may also represent yourself.

11. Court Costs and Fees.

(a) **Deferred Costs and Fees.** Any court costs and service fees (if service was completed by the Sheriff) that were deferred (required to be paid at a later date) by the court shall be paid by:

- Petitioner Respondent
- Both parties equally
- Other: _____

(b) **Costs and Fees Paid by the Parties**

- Each party shall be responsible for paying his/her own court costs and service fees for this case.
- To be paid by both parties equally
- Petitioner Respondent shall reimburse the other spouse for his or her court costs and service fees for this case.
- Other: _____

Judgment shall be entered according to the cost and fee allocation listed above.

12. Money Award. Child Support Obligation 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	\$_____ per month, of which \$_____ is cash medical support. Starting on: <input type="checkbox"/> the first (or _____) day of the month following the date of the judgment and continuing on the same day of each month thereafter or <input type="checkbox"/> _____, the date <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent was served with the motion or other date thereafter, and continuing on the same day of each month thereafter.
	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	\$_____ 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 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	

13. Preservation of General Judgment Terms. Any terms in the original Judgment not modified by this Supplemental Judgment shall remain in effect.

DATED this _____ day of _____, 20_____.

 Circuit Court Judge

 Print Name

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

 Petitioner, Signature

 Respondent, Signature

If applicable, child who is at least 18 and under 21 years of age, has agreed (stipulated to the terms of this judgment: (sign only your name)

Child, Signature

State of _____)
County of _____)

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

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

Certificate of Readiness under UTCR 5.100

This proposed judgment is ready for judicial signature because (*check all that apply*):

Service is not required under UTCR 5.100 (1)(c) because the other party has been found in **default** or an order of default is being requested with this proposed judgment; because this judgment is submitted **ex parte** as allowed by statute or rule; or this judgment is being submitted in **open court** with all parties present.

Each party affected by this judgment has **stipulated** to or **approved** the judgment, as shown by the signatures on the judgment, or by written confirmation sent to me.

I have **served** a copy of this judgment and the *Notice of Proposed Judgment or Order* on all parties entitled to service. **And:**

No objection has been served on me within the 7-day time frame.

I received objections that I could not resolve with the other party despite reasonable efforts to do so. I have filed with the court a copy of the objections I received and indicated which objections remain unresolved.

After conferring about objections, the other party (*name*) agreed to file any remaining objection with the court.

Certificate of Service under UTCR 5.100 (if applicable)

I certify that on (*date*) _____: I placed a true and complete copy of this proposed *Judgment* in the United States mail to (*name*) _____ at (*address*) _____

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.

Submitted by:

Petitioner Respondent, Signature

Print Name

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone

I certify that this is a true copy:
(Sign on copy only)

Petitioner Respondent, Signature