

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

In the Matter of:

)	Case No. _____
Petitioner,)	GENERAL JUDGMENT OF CUSTODY AND PARENTING TIME <input type="checkbox"/> and SUPPORT <input type="checkbox"/> ORDER RE: JURISDICTION AND MONEY AWARD
and)	
)	
Respondent,)	
and)	
<input type="checkbox"/> _____,)	
Child who is at least 18 and under 21 years)	
of age, unmarried and unemancipated.)	
(ORS 107.108))	

1. This matter came before the Court:

- On the motion and affidavit of Petitioner, the default of Respondent having been found.
 - On the motion of Petitioner, the default of Respondent having been found, and Respondent being represented by a guardian ad litem or another person described in Rule 27.
 - On the motion and affidavit of Petitioner, Respondent having filed a Waiver of Further Appearance.
 - On the stipulations of the parties, as shown by the signatures below.
 - At a hearing held _____, at which the following persons were present:
(Date)
- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Petitioner | <input type="checkbox"/> Petitioner's attorney _____ |
| <input type="checkbox"/> Respondent | <input type="checkbox"/> Respondent's attorney _____ |

2. Findings. The Court considered the: Affidavit Affidavit and stipulations Evidence presented and found that:

A. Children of the Parties. List names, dates of births, and ages.

Name	Date of Birth	Age
	Do Not List- Please provide information on the Confidential Information Form – UTCR 2.130	
	Do Not List- Please provide information on the Confidential Information Form – UTCR 2.130	
	Do Not List- Please provide information on the Confidential Information Form – UTCR 2.130	
	Do Not List- Please provide information on the Confidential Information Form – UTCR 2.130	
	Do Not List- Please provide information on the Confidential Information Form – UTCR 2.130	

B. Child Custody Jurisdiction. (Check appropriate boxes)

Oregon has jurisdiction under the Uniform Child Custody Jurisdiction and Enforcement Act to hear the custody parenting time issue because:

- Oregon is the child/ren's home state (i.e., the child/ren have lived here continuously for the six month period immediately before this case was filed).
- Other reason: _____

Oregon does not have jurisdiction under the Uniform Child Custody Jurisdiction Act because:

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

_____ (child/ren's name/s) is/are at least 18 and under 21 years of age, is unmarried and unemancipated 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.

NOW, THEREFORE, IT IS HEREBY ORDERED:

The terms of this judgment are effective immediately.

1. Parenting Plan

Custody of the child/ren is awarded as follows:

- Petitioner is awarded sole custody of the following child/ren (list names): _____
- Respondent is awarded sole custody of the following child/ren (list names): _____
- The parties have agreed to joint custody of the following child/ren (list names): _____

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

Petitioner Respondent shall not have parenting time because this would endanger the health and safety of the child/ren.

Parenting time shall be supervised by _____ Any cost of the supervision shall be paid by Petitioner Respondent Other: _____

Petitioner and Respondent shall 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.

Neither parent shall move to a residence more than 60 miles further distant from the other parent without

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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.

2. 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:

- Worksheet on which the support amount was calculated is labeled "Exhibit ____" and attached to and incorporated in this judgment; and
 Is the amount presumed to be appropriate under the support guidelines, or
 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: _____

3. 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.

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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.

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.

4. Length of Child Support.

The support obligations ordered in paragraphs 2 and 3 above shall continue until the child reaches 18 years of age or is otherwise emancipated, or until the child reaches age 21, so long as the child is a student attending school, as defined by Oregon law.

NOTICE ABOUT PERIODIC REVIEWS

If you are receiving child support services through the Department of Justice pursuant to option (a) above, 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.

5. 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

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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.

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 able to assist you with this, too. You may also represent yourself.

8. Additional Provisions: _____

Additional page attached labeled “Paragraph 8 - Additional Provisions continued”.

9. 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: _____

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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/her court costs and service fees for this case.
- Other: _____

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

10. Information Required by ORS 25.020.

- Based on a finding that the health, safety, or liberty of Petitioner Respondent or a child/ren _____ would unreasonably be put at risk by disclosure of the following information, Petitioner Respondent has been allowed not to disclose this information.
- Otherwise: *(Fill in the blanks in the table below.)*

	Petitioner	Respondent
Full Name		
Contact Address City, State, Zip		
Contact Phone #		
Social Security #	Do Not List- Please provide information on the Confidential Information Form – UTCR 2.130	Do Not List- Please provide information on the Confidential Information Form – UTCR 2.130
Drivers License #	Do Not List- Please provide information on the Confidential Information Form – UTCR 2.130	Do Not List- Please provide information on the Confidential Information Form – UTCR 2.130
Employer Name/Address/Phone	Do Not List- Please provide information on the Confidential Information Form – UTCR 2.130	Do Not List- Please provide information on the Confidential Information Form – UTCR 2.130

- Additional page labeled “Paragraph 11 continued” attached.

Both parties shall inform the Court and the Department of Justice (P.O. Box 14506, Salem, Oregon 97309) in writing of any change in the above information required by ORS 25.020 within ten (10) days of such change, unless a finding of unreasonable risk has been made in this case. If the court has ordered that a party be allowed not to disclose information by means of this Judgment in Paragraph 10 above, the Department of Justice or the District Attorney shall not disclose the information in the preceding section to the other parent.

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11. Money Award. Child Support Obligation included not included.

	JUDGMENT CREDITOR (This is the party receiving payment from Judgment Debtor) <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	JUDGMENT DEBTOR (This is the party required to pay Judgment Creditor) <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Full Name		
Contact Address		
Attorney's Name, Telephone Number and Address		
The following information is required ONLY for the party designated as the "Judgment Debtor" above.		
Year of Birth		
Last Four Digits of the Support Obligor's Social Security Number		
Last Four Digits of Driver License Number and State of Issuance		
The following information is to be provided by the party designated as the "Judgment Creditor" above.		
Others Entitled to Portions of Judgment	The following person(s) or public bod(ies) are known by judgment creditor to be entitled to a portion of a payment made on the judgment (other than the judgment creditor'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	1. \$ _____ <input type="checkbox"/> per month or <input type="checkbox"/> Other: _____, starting on the <input type="checkbox"/> first day or <input type="checkbox"/> Other: _____ of the month following the date of the judgment <input type="checkbox"/> Of this Child Support Award, \$ _____ constitutes "cash medical support"
	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	\$ _____

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	JUDGMENT CREDITOR (This is the party receiving payment from Judgment Debtor) <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	JUDGMENT DEBTOR (This is the party required to pay Judgment Creditor) <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	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.
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
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

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

 Petitioner, Signature

 Respondent, Signature

APPLICATION FOR CHILD SUPPORT PROGRAM SERVICES: By signing below, I apply for child support services from the Child Support Program(CSP). (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

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

 Child, Signature

State of _____)
County of _____)

This instrument was acknowledged before me on _____, 20____, (date)

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

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

Contact Address

City, State, Zip

Contact Telephone

I certify that this is a true copy:

 Petitioner Respondent, Signature

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