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

In the Matter of ☐ the Marriage of:	)	
	)	
_____,	)	Case No. _____
Petitioner,	)	
and	)	AFFIDAVIT OF ☐ PETITIONER
	)	☐ RESPONDENT SUPPORTING
_____,	)	MOTION/PETITION FOR
Respondent.	)	ENFORCEMENT OF PARENTING PLAN

STATE OF _____)
) ss.
County of _____)

I am the ☐ Petitioner ☐ Respondent in this proceeding and I make this Affidavit to support my Motion for Enforcement of the Parenting Plan. The other party violated my parenting time, or substantially violated the parenting plan, in the following way(s): _____
_____
_____

☐ Additional page labeled "Details About Parenting Plan, continued."
I request that the Court order the remedies I selected in my Motion because: _____
_____
_____

If you asked the court to modify the parenting plan provisions or schedule a hearing for modification of custody in your motion, you must provide the following information.

Information Required by the UCCJEA. List the places where the minor child/ren of the parties have lived in the last five years and the names of the people they lived with at that time.

Dates	County, State	Parent(s)/Caretaker	Current Address/Contact Address of Parent/Caretaker	Which Children

☐ Additional page attached; see section labeled "UCCJEA Information continued."

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///

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

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)

I do not know any person other than the other party 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)

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 document.

_____

☐ 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