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

In the Matter of the Marriage of:	)	
	)	Case No. _____
_____,	)	
Petitioner,	)	RESPONSE ☐ and COUNTERCLAIM
	)	
and	)	SUBJECT TO FEE UNDER
	)	CHAPTER 595, SECTION 11(1)
	)	
_____,	)	CLAIM ☐ SUBJECT ☐ NOT SUBJECT TO
Respondent.	)	MANDATORY ARBITRATION

1. Respondent appears and agrees with the petition for dissolution filed in this case, except paragraph(s): _____
_____

2. _____

3. ☐ Respondent makes the following counterclaim(s):

(a) _____
_____
_____

(b) _____
_____
_____

☐ Additional page labeled "Counterclaims, continued" attached.

4. **Child Support:**

☐ Social Security or apportioned Veterans' benefits are paid to or on behalf of the child/ren in the amounts listed below as a result of my disability or retirement, and I request that child support be reduced dollar for dollar.
Child's Name: _____ Amount of Benefit received by child: $_____
Child's Name: _____ Amount of Benefit received by child: $_____
Child's Name: _____ Amount of Benefit received by child: $_____

☐ Survivors' and Dependents' Educational Assistance under 38 USC chapter 35 is paid to or on behalf of the child[ren] in the amounts listed below as a result of my disability or retirement, and child support must be reduced dollar for dollar.
Child's Name: _____ Amount of monthly assistance received: $_____
Child's Name: _____ Amount of monthly assistance received: $_____
Child's Name: _____ Amount of monthly assistance received: $_____

5. ***(Optional)*** **<u>Exception to Income Withholding of Child Support</u>:** Respondent requests an exception to the income withholding requirement of ORS 25.378 as follows:

☐ Allowing payment to be made by electronic funds transfer (EFT) to the Department of Justice *(this option is the only one permitted if support enforcement services are being provided to either party)*.

☐ Allowing payment to be made directly to ☐Husband's ☐ Wife's checking or savings account *(this option is allowed only if support enforcement services are not being provided to either party)*. A receipt of deposit should be kept by the parent paying support as proof of payment. The parent receiving support should provide the paying parent with current deposit slips and/or bank name, account name, and account number.

State facts in support of your request for an exception to income withholding: _____

_____

6. **<u>Information Required by the Uniform Child Custody Jurisdiction and Enforcement Act.</u>**

List the county and state where the minor child/ren of the parties have lived in the last five years, the names of the people they lived with at that time and the **<u>CURRENT</u>** address of those people.

Dates From/To	County, State	Parent(s)/Caretaker	**CURRENT** Contact Address of Parent/Caretaker	Which Children

☐ Additional page see section labeled "UCCJEA Information Continued" attached.

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 kind of proceeding)* _____

_____

I do not know any person other than my spouse 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 form.

STATE OF OREGON)
)
County of _____)

I, _____, being duly sworn, say that I am the respondent in this matter, and that the statements in this Response are true and correct to the best of my knowledge.

_____

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_____,

by _____.

_____

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

I certify that this is a true copy:
(do not sign this line on the original)

_____

Respondent Signature