

The minor child/ren reside/s in _____ County, State of _____.

The Petitioner resides in _____ County, State of _____.

The Respondent resides in _____ County, State of _____.

3. Certificate of Residency.

I certify that the child resides or is found in, OR, one or both of the parties to this case currently live/s in the county in which this petition is being filed.

4. UCCJEA Information.

The child/ren listed above has/have continuously resided in Oregon for the six months preceding the filing of this case. List the county and state where the minor child/ren of the parties has/have lived in the last five years, the names of the people they lived with at that time and the **CURRENT** address or contact address of those people.

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

Additional page attached; see section labeled "paragraph 4 continued."

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)

There is/are other child support orders from an agency or court as set forth in the CERTIFICATE RE: PENDING CHILD SUPPORT PROCEEDING and/or EXISTING CHILD SUPPORT ORDERS/JUDGMENTS filed with this petition.

C. Currently Effective Child Support Order. (Check any that apply.)

The following child support order/s is/are currently in effect: (List state, court/agency, case number, date of order) _____

This order should remain in place and includes provisions for medical support for the child/ren, or

This order is from an Oregon court or agency, one of the parents or the child/ren receiving support still resides in Oregon and the order should be changed because circumstances have changed since the last order was entered.

State facts showing how circumstances have changed: _____

D. Cash Child Support.

(1) Cash child support should be paid by Petitioner to Respondent (or) Respondent to Petitioner:

In the amount of \$_____ for (*how many*)_____ children. This is the amount presumed correct under the Oregon child support guidelines, **or**

In the amount of \$_____ for (*how many*)_____ children. The amount of support presumed correct under the Oregon child support guidelines, \$_____, would be unjust of inappropriate for the following reasons: _____

_____. **or**

In an amount to be determined under the Oregon child support guidelines prior to judgment.

Payments should be made beginning on the first or _____ day of each month following the date of judgment and continuing on the same day each month thereafter **or**

the date Respondent is served with this petition and continuing on the same day of each month thereafter.

(2) Child support should be paid by Petitioner to **Adult Child Attending School:**

In the amount of \$_____ for (*how many*)_____ children. This is the amount presumed correct under the Oregon child support guidelines, **or**

In the amount of \$_____ for (*how many*)_____ children. The amount of support presumed correct under the Oregon child support guidelines, \$_____, would be unjust of inappropriate for the following reasons: _____

_____. **or**

In an amount to be determined under the Oregon child support guidelines prior to judgment.

Payments should be made beginning on the first or _____ day of each month

following the date of judgment and continuing on the same day each month thereafter **or**
 the date Respondent is served with this petition and continuing on the same day of each month thereafter.

(3) Child support should be paid by Respondent to **Adult Child Attending School:**

In the amount of \$_____ for (*how many*)_____ children. This is the amount presumed correct under the Oregon child support guidelines, **or**

In the amount of \$_____ for (*how many*)_____ children. The amount of support presumed correct under the Oregon child support guidelines, \$_____, would be unjust or inappropriate for the following reasons: _____

In an amount to be determined under the Oregon child support guidelines prior to judgment. **or**

Payments should be made beginning on the first or _____ day of each month following the date of judgment and continuing on the same day each month thereafter **or**
 the date Respondent is served with this petition and continuing on the same day of each month thereafter.

(4) No cash child support should be 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: _____

E. **Medical Support.** Complete section (1) or (2) **and** (3) or (4) below.

Complete (1) or (2):

(1) **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 should be required to obtain and maintain this coverage throughout the period of the support obligation for the benefit of the parties' child/ren.

Health care coverage has already been ordered in another case as described in paragraph D(4) above.

(2) **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 should be ordered to 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 should enroll the child/ren in public health care coverage.
- The child/ren are currently enrolled in public health care coverage.

Complete (3) or (4):

(3) **Cash Medical Support Should Be 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, in addition to cash child support Petitioner Respondent should pay \$_____ for cash medical support to Petitioner Respondent, **OR**

- Neither parent has appropriate private health care coverage available for the parties' child/ren. Petitioner Respondent should pay cash medical support in the monthly amount of \$_____ or determined under the Oregon child support guidelines prior to judgment.

(4) **Cash Medical Support Should Not Be Ordered.**

- Cash medical support should not be ordered for the following reasons:
 - The parent paying cash child support is also providing health care coverage.
 - Petitioner's Respondent's gross monthly income is at or below the Oregon minimum wage for full-time employment or is eligible for Oregon public assistance.
 - I am requesting that the parties share the cost of the child/ren's uninsured medical expenses (see paragraph F. below).
 - Other reason: _____

- All payments of child support should be made to the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309 **by electronic payment withdrawal (EPW) or electronic funds transfer (EFT).** In addition, support for a child attending school (between the ages of 18 and 21) as defined by Oregon law should be distributed by the Department of Justice directly to the child subject to ORS 107.108.

(Applies only if support enforcement services are not being provided.)

Petitioner requests an exception to the income withholding requirement of ORS 25.378 allowing payment to be made directly to Petitioner's Respondent's checking or savings account. 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.

F. RESPONSIBILITY FOR UNINSURED HEALTH EXPENSES.

- Petitioner should pay _____% and Respondent should pay _____% of the reasonably incurred uninsured HEALTH, ACCIDENT, DENTAL, ORTHODONTIC, AND OPTICAL HEALTH costs incurred by the child/ren. This obligation is in addition to any cash medical support ordered. This obligation is instead of cash medical support.

G. LENGTH OF CHILD SUPPORT.

The support obligations should continue until the child reaches eighteen (18) years of age, or is otherwise emancipated, or until the child reaches age 21, so long as the child is a child attending school, as defined by Oregon law.

H. TAX DEPENDENTS. (Check one.)

Petitioner Respondent should be entitled to claim the following child(ren) as dependent(s) for tax purposes beginning the year this judgment is entered (*list names*): _____

Per IRS regulations.

Other (*specify*): _____

7. Life Insurance Coverage for Child/ren.

Petitioner Respondent should obtain and maintain life insurance for the benefit of the parties' child/ren throughout the period of the support obligation. The coverage should be in the amount of \$_____.

8. Additional Provisions. _____

Additional page attached; labeled "Paragraph 8 Continued—Additional Provisions."

9. Information Required by ORS 25.020 and ORS 107.085.

	Petitioner	Respondent
Full Name		
Former Legal Name(s)	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Age		
Address or Contact Address		
Telephone or Contact Telephone		
Social Security Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Driver License Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).

	Petitioner	Respondent
Employer Name	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Address	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Telephone	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).

10. Court Costs and Fees.

A. Deferred or Waived Costs and Fees

Any court costs and fees that were deferred (required to be paid at a later date) or waived by the court shall be paid by:

- Petitioner
- Respondent
- Both parties equally
- Each party should be responsible for paying his or her own court costs and service fees for this case.
- Other _____

B. Costs and Fees Paid by the Parties

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

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

11. 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.

WHEREFORE, Petitioner requests a Judgment granting the relief asked for above, and other equitable relief the Court thinks is just.

STATE OF _____)
 _____)
 County of _____)

I, _____, being duly sworn, say that I am the Petitioner in this matter and that the foregoing petition is true and correct to the best of my knowledge.

Petitioner, 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)

Petitioner, Signature