

## INSTRUCTIONS FOR PRE-JUDGMENT TEMPORARY SUPPORT ORDERS



You can **ONLY** use these forms if:

- 1) A *Petition* for separation, dissolution, annulment, or custody and parenting time has already been filed (or will be filed at the same time as this motion) **and**
- 2) You have not received a general judgment in this case. If you *have* received a judgment already, go to [www.courts.oregon.gov/forms](http://www.courts.oregon.gov/forms) for information and forms to request post-judgment temporary orders or modification of your judgment.

### **Important Contact Information**

Oregon Judicial Department - [www.courts.oregon.gov](http://www.courts.oregon.gov)

Oregon State Bar Lawyer Referral Service - [www.oregonstatebar.org](http://www.oregonstatebar.org)

**Phone:** 503.684.3763 or toll-free in Oregon at 800.452.7636

### TABLE OF FORMS

___	Motion and Declaration
___	Order to Show Cause
___	Uniform Support Declaration
___	Child Support Worksheets ( <i>if you are requesting child support</i> )
___	Certificate of Service
___	Notice of Readiness for Decision
___	Reply
___	Limited Judgment



### **Step 1: FILLING OUT THE FORMS**

- **PARTIES & CASE NUMBER** – the parties and the case number are the same on your *Motion* as they are on the *Petition* that you already have. If you filed the *Petition*, then you are the Petitioner on this motion. If the other party filed the *Petition*, then you are the Respondent, even if you are the one filing this motion.
  - Make sure you put the case number on each form
  - Refer to the instructions for your *Petition* or *Response* for requirements related to children age 18, 19, or 20 years old
- **Support** (*spousal/partner or child*)
  - If you are requesting either spousal/partner support or child support, you must file a *Uniform Support Declaration (USD)*. Go to [www.courts.oregon.gov/forms](http://www.courts.oregon.gov/forms) and select "Miscellaneous" under Family Law.

- NOTE: If you are filing this *Motion* at the same time as your *Petition* or *Response* AND you filed a USD with the *Petition* or *Response* you do not need to file a second USD

➤ **Children**

- **If you have an existing child support order** and want to change it, do not use these forms to do that. You may need to speak to a lawyer, or to the agency or court that issued your order to make a change.
  - If you are requesting child support you must include *Child Support Worksheets* with your motion. Go to <https://justice.oregon.gov/guidelines/> and complete the child support guidelines calculator. Worksheets will be created at the end for you to print or save.
- If you do not have children or are not requesting any orders related to children, you do not need to fill out sections 1-5 which is related to the UCCJEA (Uniform Child Custody Jurisdiction and Enforcement Act). If ANY of your requests are related to children, fill out sections 1-5 related to the UCCJEA information completely or the court may not be able to grant your motion.



**Have your documents reviewed**

You may have your documents reviewed by a lawyer or a court facilitator before you file. For information about how to find a lawyer, call the Oregon State Bar at the number on Page 1. If you are low-income, you may get your documents reviewed for a reduced fee through the Oregon State Bar’s Modest Means program or call your local Legal Aid office. Facilitators are available for free at the Lane County Circuit Court, but you must make an appointment for document review. Call the Family Court Assistance Office at 541-682-4302 to schedule an appointment.



**Make two copies** of all forms. You will also need copies of the *Motion and Declaration*, *Order to Show Cause*, and *Uniform Support Declaration* to serve on the other party. Court rule requires you to include a blank *Uniform Support Declaration* to be served on the other party along with the copies of what you filed for use of the other party should s/he choose to respond. See Step 3 for service information.

**STEP 2: FILING THE FORMS**



Take the forms to a judge at an “Ex Parte” hearing. “Ex Parte” is a time when you can present papers to a judge in a courtroom. It is between 8:30am and 8:50am Monday through Friday. You will need to check in with Court Information on the second floor of the Lane County Courthouse to attend an Ex Parte hearing. There is no filing fee for this motion.

**The Order to Appear and Show Cause**

The judge will review your motion and declaration. The judge will sign the *Order to Appear and Show Cause* which either grants or denies your request to have the other party respond to your temporary requests. The order has

information for the other party about how the action will proceed.

- If the court grants your request on the *Order to Appear and Show Cause*, you must serve the Order and a copy of the Motion and Declaration, Uniform Support Declaration and the attached documents on the other party. See the next section for detailed service information.



### **STEP 3: NOTIFY THE OTHER PARTY**

You must officially notify the other party. This is called “service.” Serve a copy of the *Motion and Declaration, Order to Show Cause, Uniform Support Declaration (plus a blank Uniform Support Declaration)* and any supporting documents that you file. **NOTE:** If the other party has a lawyer, you **MUST** serve the lawyer – NOT the party!

\*\*If you are filing your *Motion* at the same time you file your *Petition*, serve both the *Motion* and the *Petition* together following the service rules for the *Petition*. If you are filing this *Motion* separately, follow the service rules below. Please note: the rules of service are different for *Petitions* and *Orders* such as these, so be sure you are serving the paperwork correctly. \*\*

1. **By Mail:** Mail the papers to the other party’s lawyer or to the party’s home address by first class mail. The date of service is the date you mail the papers.
2. **By Delivery:** Hand the papers to the other party’s lawyer or to the party, leave the papers at the lawyer’s or party’s office with a clerk or someone in charge, or leave the papers at the party’s residence with someone 14 or over who lives there.

#### **Proof of Service**

Fill out the “Certificate of Service” and file it with the court



### **STEP 4: THE HEARING AND LIMITED JUDGMENT**



Temporary support in Lane County is determined without testimony and only based on the paperwork that was submitted to the judge. This means you will not personally appear at a hearing. The other party has 14 days from the date of service to file a response. The response must include a Uniform Support Declaration and may include a supplemental statement. You, as the moving party, may file a reply to the response, and must do so within 10 days of the other party filing the Response. You must serve a copy of the *Reply* on the other party and complete the Certificate of Mailing section included on the Reply form.

When the matter is ready for the Court to make a decision, you must notify the Court by filing the *Notice of Readiness for Decision* form provided in this packet. **NOTE:** You may file the Reply and the Notice of Readiness for Decision at the same time. The *Reply* form is not an opportunity to introduce new evidence. It can only address information you disagree with in the Response and Uniform Support Declaration filed by the other party. The *Notice of Readiness for Decision* must list all documents that have been filed in the temporary support

action. The Court has 5 judicial days to decide and issue a written ruling. The judge will review all the documents submitted by both parties. If the judge orders support, the Court will issue a Notice of Ruling on Temporary Support and send copies to both parties. You must prepare and submit the Limited Judgment based on the Court's ruling. You may use the form provided in this packet. If you need assistance with the form, you may contact the Family Court Assistance Office at 541-682-4302 to schedule an appointment or, contact a lawyer.

The support award is temporary. At the time of trial, the trial judge will rule on the issue of ongoing support including whether it is appropriate and, if so, the amount and duration.

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

In the Matter of the Marriage or Registered Domestic Partnership (RDP) of:

Case No: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent

PETITIONER'S  RESPONDENT'S  
**MOTION FOR PRE-JUDGMENT  
TEMPORARY ORDERS &  
DECLARATION IN SUPPORT**

and

\_\_\_\_\_  
Unmarried children 18, 19, or 20 years old (per ORS 107.108) (full names)

A *Petition* has been filed in this court for dissolution, separation, annulment, or custody and parenting time but no *Judgment* has been issued. Date *Petition* filed: \_\_\_\_\_  
(Note: do NOT use this form if you filed a request to modify (change) an existing judgment)

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**Motion**

I am the  petitioner  respondent named above

I request the following temporary orders to be effective until a general judgment is issued in this case: (check all that apply and complete all information)

**CHILD SUPPORT**

- Child support determined under the Oregon Child Support Guidelines or  in the amount of \$ \_\_\_\_\_ per month
- I have included a *Uniform Support Declaration (USD)* and *Child Support Worksheets* with this motion
  - This *Motion* is being filed at the same time as my *Petition* or *Response* and I already filed a USD

- **due** on the **first** day of each month beginning the month after
  - this *Motion* is served **or**
  - the *Limited Judgment* is entered
- **payable by**  Petitioner  Respondent

**Health Insurance Coverage** -  Petitioner  Respondent  both parents should be ordered to provide health insurance coverage throughout the period of the child support obligation

**Cash Medical Support** - because no health insurance is available to either party  
(Cannot be ordered if the parent who would pay is presumed unable to pay support or has income at or below Oregon's full-time minimum wage, or

because the children's medical needs will be met by the Uninsured Medical provision below.)

**Uninsured medical expenses** - Petitioner should pay \_\_\_\_\_% and Respondent should pay \_\_\_\_\_% of the unreimbursed costs of the children's reasonable medical, dental, and vision care. This obligation should be in addition to child support.

**SPOUSAL/PARTNER SUPPORT** in the amount of \$ \_\_\_\_\_ per month. A *Uniform Support Declaration* is included with this *Motion*.

**PAYMENT OF SPECIFIC BILLS** as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LAWSUIT MONEY** in the amount of \$ \_\_\_\_\_ to pay my case-related expenses

**Statement of Points and Authorities**

ORS 107.095 authorizes the court to enter certain temporary orders after commencement of suit and before judgment

**Declaration**

*(Only complete section 1-5 if you are asking for orders related to minor children)*

**1. UCCJEA Information**

List the places where any of the children named above has lived in the last five years, the names of the people they lived with at that time, and *current* contact addresses for those people, beginning with the current location.

Dates From/To	County, State	Name of Parent/Caretaker	Contact Address of Parent/Caretaker	Which Children

Additional page attached titled "Section 2"

2.  The children named above have lived in Oregon continuously for the six months before the filing of this *Motion*, except for the children named below

The following children have **not** lived in Oregon continuously for six months:  
(names) \_\_\_\_\_

There is another legal basis for Oregon to address custody of these children  
Explain: \_\_\_\_\_  
\_\_\_\_\_

3.  I have not participated in any case about the custody or parenting time of the children named above in any state **or**  I have participated in the following case:

Name of Court	State	Case No.	Date of final decision	Result

Additional page attached titled "Section 4"

4. I do not know of any other proceeding pending in any state that may affect the outcome of this case, including enforcement of domestic violence or protective orders, adoption, or termination of parental rights, or juvenile matters involving any of the children

except for: (identify court, case number and the kind of proceeding)  
\_\_\_\_\_

5. I do not know any person besides the other parent who has physical custody of the children or who claims to have custody, visitation or parenting time rights

except for (list name and address): \_\_\_\_\_  
\_\_\_\_\_

6. The other party should be required to pay child support during the pendency of this proceeding because (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional page attached titled "Section 6"

7. I am requesting spousal support during the pendency of this proceeding because (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional page attached titled "Section 7"

8. Payment of specific bills is necessary because (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional page attached titled "Section 8"

9. The lawsuit money requested above is necessary during the pendency of this proceeding because (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional page attached titled "Section 9"

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**I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand they are made for use in court and I am subject to penalty for perjury.**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Contact Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Contact Phone



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

Case No:

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent

**ORDER TO APPEAR AND  
SHOW CAUSE RE:  
TEMPORARY RELIEF**

Petitioner's

Respondent's

BASED UPON the Motion and Declaration of the  Petitioner  Respondent on file herein; the request for an Order to Show Cause is hereby:

Allowed

Denied \_\_\_\_\_

NOW, THEREFORE, IT IS HEREBY ORDERED that the  Petitioner  Respondent shall appear herein by filing a Response that includes a Uniform Support Declaration within fourteen (14) days from the date this Order is served upon them, to show cause, if any there be, why an Order in conformity with said Motion should not be entered herein.

*Judge Signature:*

\_\_\_\_\_

**Certificate of Readiness.** This proposed order is ready for judicial signature because service is not required under UTCR 5.100 or because this order is submitted ex parte as allowed by statute or rule.

**Notice to  Petitioner  Respondent**

**IF YOU WISH TO CONTEST THE REQUEST FOR TEMPORARY RELIEF FILED BY THE OTHER PARTY YOU MUST FILE A WRITTEN REPLY BY FOLLOWING THE PROVISIONS LISTED IN LANE COUNTY CIRCUIT COURT SUPPLEMENTAL LOCAL RULE 8.041. IF YOU DO NOT FILE A RESPONSE THIS REQUEST FOR RELIEF WILL BE GRANTED.**

**If you file a response to this Order to Show Cause for Temporary Relief, a copy must be sent to the other party in the manner set forth in the Oregon Rules of Civil Procedure.**

**If you have questions, see a lawyer immediately. If you need help finding a lawyer you can call the Oregon State Bar's Lawyer Referral Service at 503.684.3763 or toll free in Oregon at 800.457.7636, or go to [www.oregonstatebar.org](http://www.oregonstatebar.org).**

**Submitted by:**

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Submitting Party, *Print Name*

Telephone or Contact Telephone

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Address or Contact Address

City / State / Zip

# Uniform Support Declaration

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You may need to complete a **Uniform Support Declaration (USD)** if you and Respondent do not agree on an amount for child or spousal/partner support.

You can file your USD with the *Petition*. If you don't file it with your *Petition* and Respondent opposes your claim for support, you must provide it to the court and serve a copy on Respondent within 30 days after you receive the *Response*.

If you are NOT requesting child support or spousal/partner support, do not file the *USD*.

## Tips for filling out the USD:

- If you are requesting child support for the amount that the Child Support Guidelines recommend, fill out only the *Declaration* and attach the documents it asks for.
  - If you are requesting spousal/partner support *or* a different amount of child support than the Guidelines recommend, fill out *both* the *Declaration* and *Schedule 1*. Attach all of the documents that the *Declaration* and *Schedule* ask for.
- If you are requesting *only* child support for the amount that the Child Support Guidelines recommend, only fill out the *Declaration* and attach the documents it asks for.
  - If you are requesting spousal/partner support *or* a different amount of child support than the Guidelines recommend, fill out *both* the *Declaration* and *Schedule 1*. Attach all of the documents that the *Declaration* and *Schedule* ask for.
- Use your *actual, present* expenses. Estimates are fine as long as they are realistic and you have no way of confirming the amount.
  - Some items may not apply to you – mark those spaces “N/A” (Not Applicable), but complete *every* item that does apply.
  - If your amounts are unusual or likely to change soon, include a brief explanation of why (if you are temporarily living with a relative, or if one party moved out and is no longer contributing to shared expenses). Include an estimate of what you believe your expenses will be after the situation changes.
- If you have an expense that is not listed, add it, along with a brief explanation.
- If you anticipate any major changes (birth of a new baby, a child entering or leaving school, a layoff, a car payment or mortgage being paid off), note these as well. Do NOT include fears or possibilities – only things you know or reasonably expect will happen.
- If one of your children has a serious medical problem, note it and include a reasonably accurate estimate of the treatment cost.
- Household items means things like paper towels, cleaning supplies, light bulbs, storage containers.
- If you are attending school, include your tuition payments, supplies and books, and any other necessary school-related costs.

The *Uniform Support Declaration* is Form 8.010.5 and can be found here: [www.courts.oregon.gov/forms](http://www.courts.oregon.gov/forms) in the *Family Law* → *Miscellaneous* category.

**Certificate of Mailing** – the *Uniform Support Declaration* includes a Certificate of Mailing at the bottom of the form. Once the *USD* is completed, copy the entire form and all attachments and mail them to the respondent. THEN fill out the Certificate of Mailing and file the original with the court. Keep a copy of all documents for your own records.

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_ Petitioner  
and  
\_\_\_\_\_ Respondent

Case No.: \_\_\_\_\_

**UNIFORM SUPPORT  
DECLARATION**

CSP No.: \_\_\_\_\_

Unmarried children age 18, 19, or 20 years old (per ORS 107.108)

I am the  petitioner  respondent  other: \_\_\_\_\_

1. Number of children

- a. Joint minor children (children of the parties together) \_\_\_\_\_
- b. Joint adult children (age 18, 19, or 20) \_\_\_\_\_
  - i. Joint adult children attending school \_\_\_\_\_
- c. Non-joint minor children (children of only one party) \_\_\_\_\_
  - Number of overnights the joint children spend with me (per year)
    - i. Current order, judgment, or written agreement \_\_\_\_\_
    - ii. Proposed \_\_\_\_\_

unknown

2. Sources of income

Wages/Salary: (monthly, before taxes)		
\$ _____ per hour	_____ hours/week	
<b>Subtotal A:</b>		\$ _____

(Complete table below with monthly averages, before taxes. Explain "other" amounts)

Tips:		Bonuses/Commission:	
Workers Comp:		Interest:	
Social Security:		Annuity:	
Unemployment:		Trust:	
Disability:		Dividends:	
TANF:		Other:	
Other:		Other:	
Other:		Other:	
Expense reimbursement/per diem allowance that reduces personal living expenses:			
<b>Subtotal B:</b>			\$ _____

**Gross monthly income TOTAL** (add Subtotal A + B) \$ \_\_\_\_\_

3. Spousal/partner support

- a. Received by me (from anyone) \$ \_\_\_\_\_
- b. Paid by me (to anyone) \$ \_\_\_\_\_

4. Health insurance

- a. Premium to cover just me \$ \_\_\_\_\_

- b. Premium paid for joint children \$ \_\_\_\_\_
- c. Out of pocket medical costs paid for joint children \$ \_\_\_\_\_
- d. Subsidies received for health insurance costs \$ \_\_\_\_\_
- e. Oregon Health Plan (or other public health insurance)  yes  no

5. Other

- a. Union dues \$ \_\_\_\_\_
- b. Social Security or Veteran's Benefits received for children \$ \_\_\_\_\_
  - i. Person with disability is:  child  me  other parent
- c. Childcare expenses for joint children (12 or younger) \$ \_\_\_\_\_
  - i. City or ZIP where child care is provided: \_\_\_\_\_
  - ii. Does anyone else share the cost of childcare?  yes  no
    - 1. Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

6. Rebuttal factors

*(The amount of child support is based on statewide guidelines. The guideline amount can be rebutted (challenged) under OAR 137-050-0760, click here to read the rule:*

[https://www.doj.state.or.us/wp-content/uploads/2017/08/050\\_0760.pdf](https://www.doj.state.or.us/wp-content/uploads/2017/08/050_0760.pdf)

- I am challenging the guideline amount (explain rebuttal factors): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**Attachments**

- 4 most recent pay stubs
- Benefit statements
- Most recent tax return
- Copies of currently effective spousal/partner support, child support, and parenting time orders or judgments
- Proof of health insurance premiums and any subsidies received
- Proof of out of pocket medical expenses
- Proof of childcare expenses
- Evidence supporting any rebuttal factors for child support

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**I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court. I understand I am subject to penalty for perjury.**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (printed)

\_\_\_\_\_

Contact Address

\_\_\_\_\_

City, State, ZIP

\_\_\_\_\_

Contact Phone

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*(Serve the other party and all adult children who have not filed a Waiver of Further Appearance)*

**Certificate of Mailing**

I certify that on *(date)*: \_\_\_\_\_ I placed a true and complete copy of this  
*Declaration and Attachment (if necessary)* in the United States mail to *(name)*: \_\_\_\_\_  
\_\_\_\_\_ at *(address)*: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

## Uniform Support Declaration Attachment

You must complete this attachment if either party seeks:

- spousal/partner support **OR**
- deviation from the child support guidelines

These are the total household expenses you must pay each month for yourself only - not for others in your household. Any other annual, quarterly, or other periodic payments should be converted to a monthly average.

DO NOT LIST ANY EXPENSE IF IT IS DEDUCTED FROM YOUR WAGES

### 1. **FIXED COSTS:**

Description	Monthly Amount
<b>A. RESIDENCE:</b>	
Mortgage or Rent	
Second Mortgage/Home Equity Loan	
Property Taxes and Insurance (if not included in mortgage)	
<b>B. UTILITIES: (averaged over the year)</b>	
Electricity	
Gas	
Water/Sewer	
Trash/Recycling	
Telephone/Cell Phone	
Cable/Internet	
<b>C. TRANSPORTATION:</b>	
Car Payments	
Fuel	
Bus pass/Van pool/Etc.	
Other (specify):	
<b>D. INSURANCE:</b>	
Life	
Automobile	
Medical/Dental	
Other (specify):	
<b>E. Food and Household Items</b>	
<b>F. Unreimbursed health costs, including medications</b>	
<b>G. Court/Agency-ordered Support Payments in other cases</b>	
<b>TOTAL FIXED COSTS:</b>	

**2. DEBTS:**

Name of Creditor (who debt is owed to)	Balance Due	Monthly Payment
<b>TOTAL MONTHLY DEBT PAYMENTS:</b>		

Additional page attached

**3. Total Fixed Costs + Monthly Debts = \$\_\_\_\_\_**

4. Other factors you want the court to consider:



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

Case No: \_\_\_\_\_

\_\_\_\_\_  
and  
\_\_\_\_\_  
Petitioner  
Respondent

**CERTIFICATE OF SERVICE**

(ORCP 7D(2))

- (a) Personal Service  
 (b) Substitute Service  
 (c) Office Service  
 (d) Service by Mail

I, **(name)** \_\_\_\_\_, declare that I am a resident of the state of \_\_\_\_\_ . I am a competent person 18 years of age or older. I am not a party to or lawyer in this case, and not the employee of a party. I certify that the person served is the person named below. I served true copies of the original **(check all that apply)**:

- Petition and Summons  
 Information about mediation  
 Notice of Confidential Information Form (CIF) Filing  
 Notice of Statutory Restraining Order Preventing Dissipation of Assets  
 Order to Show Cause re: Modification with Motion and Declaration  
 Information about continuing insurance coverage (COBRA)  
 Uniform Support Declaration  
 Other information provided by the court clerk **(name all forms or documents served)** \_\_\_\_\_  
 Other **(name all forms or documents served)** \_\_\_\_\_

**by (check a, b, c, or d and complete all information):**

(a)  **Personal Service** on **(date)** \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m., to { Petitioner  Respondent} **(name)** \_\_\_\_\_ in person at the following address \_\_\_\_\_ in the County of \_\_\_\_\_, State of \_\_\_\_\_.

(b)  **Substitute Service** on **(date)** \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m., by delivering them to the following address \_\_\_\_\_ in the County of \_\_\_\_\_, State of \_\_\_\_\_ . Delivered to **(name)** \_\_\_\_\_, who is a person age 14 or older and who lives there.

**(Complete the section below only if the server also did the follow-up mailing required by ORCP 7D(2)(b). If a person other than the server did the follow-up mailing, that person must complete a separate Certificate of Service Mailing.)**

On **(date)** \_\_\_\_\_, I personally deposited a true copy of the same documents served with the U.S. Postal Service, via first class mail, in a sealed envelope, postage paid, addressed to the party to be served:  Petitioner  Respondent **(name)** \_\_\_\_\_, at the party's home address listed above, together with a statement of the date,

time and place that the documents were hand-delivered to the party's dwelling (residence).

(c)  **Office Service** on *(date)* \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m., by delivering them to the office of the party to be served, located at: *(address)* \_\_\_\_\_, during normal working hours for that office, where I left the documents with *(name)* \_\_\_\_\_, who is a person apparently in charge, to give the documents to the party to be served.

***(Complete the section below only if the server also did the follow-up mailing required by ORCP 7D(2)(c). If a person other than the server did the follow-up mailing, that person must complete a separate Certificate of Service Mailing.)***

On *(date)* \_\_\_\_\_, I personally deposited a true copy of the same documents served with the U.S. Postal Service, via first class mail, in a sealed envelope, postage paid, addressed to the party to be served:  Petitioner  Respondent *(name)* \_\_\_\_\_, at the party's:  home address at: \_\_\_\_\_, **OR**  business address above, together with a statement of the date, time and place that the documents were hand-delivered to the party's office.

(d)  **Service by Mail, Return Receipt Requested** on *(date)* \_\_\_\_\_, I personally deposited **two** true copies with the U.S. Postal Service. **One** by first class mail, and the **other** by certified or registered mail, Return Receipt Requested, or by express mail, postage paid, addressed to the party to be served:  Petitioner  Respondent *(name)* \_\_\_\_\_, at the party's home address located at: \_\_\_\_\_ *(address)*. ***(NOTE: If mailed Return Receipt Requested, the return receipt must be attached to this Certificate of Service.)***

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**I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Server

\_\_\_\_\_  
Print Name

***If person serving is NOT a sheriff or sheriff's deputy, address and phone number of server:***

\_\_\_\_\_  
\_\_\_\_\_

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

Case No:

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent

**Rule 8.041(5)**  
**NOTICE OF READINESS**  
**FOR DECISION OF:**

Petitioner

Respondent

The pending motion for temporary relief is at issue, and the moving party requests the Court decide the motion five (5) judicial days after filing this Notice. The motion should be decided upon the following documents:

**Motion, Declaration and Order to Show Cause re: Temporary Support**

**Uniform Support Declaration of Petitioner**

**Uniform Support Declaration of Respondent**

**Response to Motion and Declaration**

**Reply**

**Other documents:** \_\_\_\_\_

\_\_\_\_\_  
Moving Party, Signature

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**Certificate of Mailing**

I certify that on *(date)*: \_\_\_\_\_ I placed a true and complete copy of this  
*Notice of Readiness for Decision* in the United States mail to *(name)*: \_\_\_\_\_  
at *(address)*: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

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

Case No:

\_\_\_\_\_  
and Petitioner  
\_\_\_\_\_  
Respondent

**REPLY DECLARATION OF**  
 **PETITIONER**  **RESPONDENT**

I, \_\_\_\_\_ (*name*), hereby declare, under penalty of perjury, the following:

I am the  Petitioner  Respondent in the above-entitled matter. I make this declaration in reply to the Response and Uniform Support Declaration filed by the other party.

I dispute the information provided by  Petitioner  Respondent as follows: \_\_\_\_\_

\_\_\_\_\_  
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Additional page attached

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**I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand they are made for use in court and I am subject to penalty for perjury.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Contact Address

\_\_\_\_\_  
City / State / ZIP

\_\_\_\_\_  
Contact Phone

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**Certificate of Mailing**

I certify that on *(date)*: \_\_\_\_\_ I placed a true and complete copy of this

*Reply* in the United States mail to *(name)*: \_\_\_\_\_

at *(address)*: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

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

Case No: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent

**LIMITED JUDGMENT  
FOR TEMPORARY SUPPORT**

and

\_\_\_\_\_  
Unmarried children 18, 19, or 20 years old (per ORS 107.108) (*full names*)

**This matter came before the court:**

On  Petitioner's  Respondent's Motion and the Court's Order to Show Cause. The Court having reviewed the Uniform Support Declarations and Supplemental Declarations of the parties

On the stipulation of the parties, as shown by the signatures at the end of this *Judgment*

**Findings:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The court grants the following temporary relief. The terms of this judgment are effective until further order of the court.

=====

**CHILD SUPPORT:** (*Child Support Worksheets are attached and are incorporated by reference*)

**Child support** in the amount of \$\_\_\_\_\_ per month paid by  
 Petitioner  Respondent to the other party on the first day of the month beginning  
(*date*):\_\_\_\_\_. Payment will be made through the Department of  
Justice Child Support Program.

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 visitation orders even if you are not receiving child support.

Violation of child support orders and 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 or the Department of Justice at 503.373.7300 for information.

Publicly funded help may be available to establish, enforce, and modify parenting time orders. Forms are available to enforce parenting time orders. Contact the domestic relations court clerk or civil court clerk for information.

#### **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.

Both parties must maintain current **medical insurance** coverage for the children

**Cash Medical Support** in the amount of \$\_\_\_\_\_ in addition to cash child support ordered above

#### **Uninsured Medical Expenses**

Petitioner must pay \_\_\_\_\_% and Respondent must pay \_\_\_\_\_% of the unreimbursed costs of the children's reasonable medical, dental, and vision care. This does not include ordinary nonprescription expenses like bandages, vitamins, and copays for regular checkups, which the parents must provide for the children in proportion to their parenting time. This obligation is in addition to any child support **and** will be **offset** by any cash medical support ordered above.

#### **CHANGES TO HEALTH INSURANCE AVAILABILITY**

Both the payor and the recipient of child support **must** notify the Division of Child Support (DCS) in writing of any change in the availability of private health insurance within **10 days** of the change if collection services are provided by DCS.

**SPOUSAL/PARTNER SUPPORT:**

Spousal/partner support in the amount of \$ \_\_\_\_\_ per month paid by  Petitioner  Respondent to the other party. Payments are due on the first day of the month beginning  the date the *Motion* was served (date: \_\_\_\_\_) **or**  other date: \_\_\_\_\_. Payments end on the death of either party or by further order of the court, whichever is sooner.

All payments of spousal/partner support must be made:

Directly into \_\_\_\_\_'s bank account. The paying spouse/partner should keep a receipt of deposit as proof of payment. The person receiving support must provide the person paying support with current deposit slips or bank name, account name, and account number.

**or**

To the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309. Petitioner requests that collection, accounting, disbursement, and enforcement services be provided through the Department of Justice. (*NOTE: spousal support services are only available through DOJ if the receiving party is on public assistance, if child support services are provided in the same case, or if your county provides services locally. DOJ will notify you if your case does not qualify for services. Talk to a lawyer for more information.*)

**PAYMENT OF SPECIFIC BILLS** as follows:

Petitioner  Respondent is required to pay the following financial obligations:

\$ \_\_\_\_\_ for payment of: \_\_\_\_\_

\$ \_\_\_\_\_ for payment of: \_\_\_\_\_

\$ \_\_\_\_\_ for payment of: \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**LAWSUIT MONEY** to pay case-related expenses

\$ \_\_\_\_\_ payable by {  Petitioner  Respondent } to the other party by

(date): \_\_\_\_\_



**MONEYAWARD**

Support obligation included  and child support must be paid to Dept. of Justice

	<b>PETITIONER</b>	<b>RESPONDENT</b>
Full Name		
Contact Address		
Year of Birth		
Social Security # (last 4 digits)		
Driver License # (last 4 digits) and State		
Lawyer Name, Address, Phone #		

NOTE: a party RECEIVING a money award is the JUDGMENT CREDITOR; a party PAYING a money award is the JUDGMENT DEBTOR

<b>The following information must be provided by any party entitled to receive a money award as listed in this Judgment</b>	
	The following person or public body is known to be entitled to a portion of a payment made on the judgment (other than payee's lawyer):
Petitioner	<input type="checkbox"/> None or <input type="checkbox"/> Name: _____ _____
Respondent	<input type="checkbox"/> None or <input type="checkbox"/> Name: _____ _____
Adult Child Name:	<input type="checkbox"/> None or <input type="checkbox"/> Name: _____ _____

Type of Judgment		Amount	Beginning / Ending
<input type="checkbox"/> Temporary Child Support	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____ per month for cash medical support <b>and</b> \$ _____ per month for child support	Beginning the first day of the month  <input type="checkbox"/> following entry of this judgment <b>or</b> <input type="checkbox"/> the date of service of the <i>Motion (date)</i> _____ <b>or</b> <input type="checkbox"/> Other _____  and due on the same day of each month thereafter
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent		Ending when the last child turns <input type="checkbox"/> 18 <i>or</i> <input type="checkbox"/> 21 (if the child remains a Child Attending School)
<input type="checkbox"/> Temporary Spousal/ Partner Support	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____  <input type="checkbox"/> per month <i>or</i> <input type="checkbox"/> total	<i>Payable on the first of every month beginning the month following:</i> <input type="checkbox"/> entry of this judgment or <input type="checkbox"/> the date of service of the <i>Motion</i> <input type="checkbox"/> <i>or:</i> _____ Ending:  <i>or due in full by:</i> <i>(date):</i> _____ Other:
<input type="checkbox"/> Lawsuit Money	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	A lump sum of \$ _____	Paid by <i>(date)</i> _____

Judge Signature:

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**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 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.
- 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*) \_\_\_\_\_ agr  
eed to file any remaining objection with the court.

**Certificate of Service under UTCR 5.100**

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*) \_\_\_\_\_

Submitted by: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
_____ Signature	_____ Print Name

- 
- Petitioner stipulates (agrees) to the terms of this judgment

\_\_\_\_\_  
Petitioner, Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner, Name (printed)

- Respondent stipulates (agrees) to the terms of this judgment

\_\_\_\_\_  
Respondent, Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respondent, Name (printed)

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**Optional: APPLICATION FOR FULL CHILD SUPPORT PROGRAM SERVICES:** By signing below, I apply for child support services, including enforcement, from the Child Support Program (CSP). If you never received TANF, tribal TANF or AFDC in any state, an annual \$35 fee will apply if over \$550 is collected and distributed to the family each year.

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Signature

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Date