

INSTRUCTIONS FOR PRE-JUDGMENT TEMPORARY SUPPORT ORDERS; RESPONSE

What these forms do:

This set of forms will help you respond to a *Motion for Temporary Support*. Before you fill out your *Response*, review what your spouse or partner has asked for in the Motion and think about how you want to handle the issues. If you believe that you should be awarded temporary support, you must file your own separate *Motion*. It is not appropriate to raise this issue in your Response.

Important Contact Information

Oregon Judicial Department - www.courts.oregon.gov

Oregon State Bar Lawyer Referral Service - www.oregonstatebar.org

Phone: 503.684.3763 or toll-free in Oregon at 800.452.7636

TABLE OF FORMS

___ Response
___ Uniform Support Declaration



Step 1: FILLING OUT THE FORMS

- You have **14 days** from the date you were served with the *Motion* to file your *Uniform Support Declaration* and *Response* with the court clerk.
- **PARTIES & CASE NUMBER** – the parties and the case number are the same on your *Response* as they are on the *Motion* that you were served with. If you filed the *Petition* in the underlying case, then you are the Petitioner on this response. If the other party filed the *Petition*, then you are the Respondent.
 - 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 your spouse or partner requested either temporary spousal/partner support or child support, you must file a *Uniform Support Declaration (USD)*. Go to www.courts.oregon.gov/forms and select "Miscellaneous" under Family Law.

- NOTE: If you already filed a USD along with your Petition or Response to Petition in the underlying case, you do not have to file another USD.
 - NOTE: If the other party has asked that child or spouse/partner support be payable as of the date of service, you are not required to begin making payments until ordered by the court
- If you do not have children or the other party did not request any temporary orders related to children, you do not need to fill out section 3 which is related to the UCCJEA (Uniform Child Custody Jurisdiction and Enforcement Act). If ANY of the requests are related to children, fill out section 3 related to the UCCJEA information completely.
- **Child Support**

Calculating Child Support

Go to www.oregonchildsupport.gov/calculator for worksheets and an interactive program to calculate support. Click on this link:

[Go to Guidelines Calculator](#)



❖ **NOTE:** If you request a child support amount that is *different* from what the calculator or worksheet says, you should explain why and how you reached that amount and why your requested amount is appropriate in your case.

Payment of Child Support

Support is usually withheld from the payor's (the person who has to pay the support) paycheck. The court may allow an exception to the income withholding requirement if you qualify under

Child support is NOT taxable as income or deductible to either party.



Health Insurance

The Court's temporary ruling may address health insurance for any minor child involved in your case. There are two main categories of health insurance: "private," which is available through an employer or directly from an insurance carrier, and "public," such as the Oregon Health Plan, for which you have to apply to the state.

Cash Medical Support

In addition to child support, the court may order "Cash Medical Support." Cash Medical Support is to help pay for health insurance and out-of-pocket medical expenses.

If neither parent has private health insurance available, the court may order Cash Medical Support unless the judge finds reasons not to. In some situations, the judge *cannot* order Cash Medical Support.



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 need copies of the *Response to Motion for Temporary Support* and *Uniform Support Declaration* to serve on the other party. See Step 3 for service information.

STEP 2: FILING THE FORMS



File the original forms with cashiers on the second floor of the Courthouse. The cashiers are open Monday – Friday from 8am to 5pm. If you filed the Petition or have already appeared in the case, there is no filing fee for this response. If you have not filed your Response to the underlying case, you may file at the same time that you are filing this Response to the Motion for Temporary Support. There are two different Responses so be sure that you are clear as to what form you need to file. To respond to the Motion for Temporary Support you need to file:

- * ***Response*** (with *Certificate of Mailing* completed)
- * ***Uniform Support Declaration***



STEP 3: NOTIFY THE OTHER PARTY

You must officially notify the other party. This is called “service.” Serve a copy of the *Response and 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 *Response* to the underlying Petition at the same time that you are responding to the Motion for Temporary Support, you may serve both responses together.

MAIL the copy to the other party or the other party’s lawyer by US mail. **THEN** fill out the ***Certificate of Mailing*** at the bottom of the *Response*.

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 may reply to your *Response*. The other party has 10 days from the date of service to file a reply.

When the matter is ready for the Court to make a decision, the other party must notify the Court by filing a *Notice of Readiness for Decision* form with the court. 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. The moving party must prepare and submit the Limited Judgment based on the Court's ruling.

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

Case No: _____

Petitioner
and

Respondent

**RESPONSE TO MOTION FOR
TEMPORARY SUPPORT**

1. I **disagree** with the following temporary relief requested by the other party:
(be specific and use the children's first names where appropriate)

a. Temporary Child Support *(explain)* _____

b. Medical insurance, uninsured medical costs, or cash medical support *(explain)* _____

c. Temporary Spousal/Partner Support *(explain)* _____

d. Payment of Specific Bills *(explain)* _____

e. Lawsuit Money *(explain)* _____

Additional page attached

2. I have completed and submitted a *Uniform Support Declaration*

(Only complete section 3 if the other party is asking for orders related to minor children)

3. Information Required by the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)

List the places where the minor children of the parties have lived in the last five years and the names of the people they lived with at that time

Dates (from/to)	County, State	Name of Parent/Caretaker	Contact Address of Parent/Caretaker	Which Children

Additional page attached titled "UCCJEA"

I have not participated in any litigation concerning custody, visitation, parenting time or placement of the children in this or any other state

or

I have participated in the following litigation:

Name of Court	State	Case No.	Date	Result

Additional page attached titled "UCCJEA-Litigation"

I do not know of any other child support, domestic violence, custody, parenting time, or placement proceeding involving the children, or of any other court case which could affect this case, pending in any state

except for: _____

(identify court, case number, and kind of proceeding)

I do not know any person other than my spouse/partner who has physical custody of the children or who claims to have custody, visitation or parenting time rights

except for: _____

(list name and address)

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

Certificate of Mailing

I certify that on *(date)*: _____ I placed a true and complete copy of this
Response in the United States mail to Petitioner Respondent

Petitioner's/Respondent's lawyer at *(address)*: _____

Date

Signature

Printed Name

Uniform Support Declaration

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 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	
Subtotal A:		\$ _____

(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:			
Subtotal 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

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

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

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

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

