

## CHANGING (“MODIFYING”) JUDGMENTS



### **Important Contact Information**

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

Oregon State Bar Lawyer Referral Service - <https://www.osbar.org/public/>

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



If you are deployed or about to be deployed, contact the Oregon State Bar Military Assistance Panel ([www.osbar.org/docs/ris/militaryflyer.pdf](http://www.osbar.org/docs/ris/militaryflyer.pdf)) for information about special rights and rules that may apply to you.

**NOTE:** If you only want to change child support, contact the Department of Justice, Division of Child Support ([www.oregonchildsupport.gov](http://www.oregonchildsupport.gov)).

### **What these forms do**

This set of forms will help you to ask the court to change (‘modify’) support, custody, or parenting time if you already have a judgment from a court. If a change in custody or parenting time is ordered, the court may also change the amount of child support or end it.

- **Military Deployment:** If you need a modification because a parent is being deployed by the military, you must use a different packet of forms. Special rules and rights apply in those cases. Go to [www.courts.oregon.gov/forms](http://www.courts.oregon.gov/forms) for the correct forms.
- **Adult Children:** If you have adult children 18, 19, or 20 years old, they are “**necessary parties**” to this case. They **MUST** be included as parties and properly served with all documents. Each child may later waive the right to be part of the case, but this must be done formally after you file. If you fail to properly serve an adult child, your case may be delayed until you do. Talk to a lawyer if you have any concerns.
- **Child Attending School:** If you have an adult child (*see above*), the court may order child support for that child as long as the child is attending school. The court may order child support and medical support to be paid by either or both parents. There is **NO** parenting plan or parenting time credit for a Child Attending School. See [ORS 107.108](#) for more information.

### **If Both Parties Already Agree**

If you both agree on all of the issues, you may be able to file a stipulated *Supplemental Judgment*. Call the court to find out how to do that.



## Information about Modifications

This type of case starts with a motion called an ***Ex Parte Motion for Order to Show Cause re: Judgment Modification and Declaration in Support***. This *Motion* tells the court what you want. It ends with a ***Supplemental Judgment***. The *Judgment* contains the changes that the court makes to your old judgment.

- **Where to File** - You normally should file in the circuit court that entered the judgment you are trying to modify.
  - Talk to a lawyer or court staff if you want your modification heard in a different county.
  - If you want to modify a judgment from another state, talk to a lawyer. Oregon courts may not be able to modify the judgment.
- **Case Number** –Your case number is the same as the one on your old judgment.
- **Parties** – The parties are the same as on the judgment you want to modify. If you were the “Respondent” in that case, then you are still the “Respondent” now, even if you are the one requesting the modification.
  - If any of the children in your old judgment are now 18, 19, or 20 years old, you will need to add those children to the case as “necessary parties.”
- **Contact Information** - Keep the court and all other parties informed of your current address so you get notice of all court dates. **You are not required to use your home address on any court form.** You may use any contact address where you regularly check in, as long as it is in the same state as your home. If you use a contact address, the court will assume that you receive all papers sent to that address. **It is YOUR responsibility to let the court and other parties know if you move or want to get mail at a different address.**

## STEP 1: FILLING OUT FORMS



### **Fill out the following forms:**

- *Ex Parte Motion for Order to Show Cause re: Modification of Judgment and Declaration in Support*
- *Confidential Information Form (CIF) and Notice of Filing of CIF* (if either party’s employer has changed)
- *Uniform Support Declaration* (if you are requesting a change in child support or spousal/partner support)
- *Child Support Worksheets* (if you are requesting a change of child support)
- *Certificate of Mailing to DCS* (if either parent is receiving public assistance)

**It is important that you file with the court *before* you serve the other party!** If you serve *before* you file, you will have to re-serve and pay the service fees again. See Step 2 below for information about service.

- **MAKE SURE YOU COMPLETE THE COUNTY NAME AT THE TOP OF THE FIRST PAGE OF EACH FORM!**

### **Uniform Support Declaration**

If you are asking for a change in spousal/partner support or child support and you and the other party do not agree on an amount, you must complete a **Uniform Support Declaration (USD)**. Talk to a tax professional about the tax impact of changing spousal/partner support.

#### **Tips for filling out the USD:**

- If you are requesting a change of **spousal/partner support**, fill out the Declaration and Schedule 1 and attach the documents required by both.
- If you are requesting **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 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 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 your amounts are unusually high or low, include a brief explanation of why (if one of you is 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 is resolved.
- If one of your children has a medical problem, be sure to note it and include a reasonably accurate estimate of the treatment cost.

### **Parenting Plan**

A parenting plan is required if you want to change custody or parenting time. If you are *only* trying to change child support, you do not need to submit a parenting plan. The plan sets out the schedule and may include rules for each parent’s time with the child. You can describe your parenting plan in the *Motion* or attach it as a separate page.

Oregon has a **Basic Parenting Plan Guide for Parents**. This guide has information about how to develop a plan, information about alternative schedules, and stages of your children’s growth that should be considered when creating a plan. A sample parenting plan is included in the guide. The guide can be downloaded at [www.courts.oregon.gov/parentingplans](http://www.courts.oregon.gov/parentingplans) . There is also a *Safety Focused Parenting Plan Guide* on this website. This can help you develop a parenting plan if you have safety concerns for your children. Many local courts also have standard plans in their *Supplemental Local Rules*. Check your local court’s website. You can use these plans whole or as a guide to develop your own. You can also use OJD Guide & File to create a parenting plan interactively. Go to [www.courts.oregon.gov/iforms](http://www.courts.oregon.gov/iforms).

### **Co-Parenting Education**

Many courts require that parents of minor children go to a court-approved co-parenting class. Some courts will not allow you to change custody or parenting time until you have completed the class and filed a certificate of completion with the court. Contact the court to see if you have to sign up or if the court will send you information after you file.

## **Moving**

Neither parent may move more than 60 additional miles away from the other parent without giving him or her and the court notice of the move (unless your *Judgment* waived that requirement). You may ask the judge to waive this requirement by checking the appropriate box on the *Motion*.

## **Custody**

Refer to ORS 107.137 for factors a court will consider in awarding custody. The most important factor is *always* the best interest and welfare of the *child*.

## **Child Support:**

- Attach copies of any child support orders that are already in place regarding the children affected by your *Motion*.

### ***Calculating Child Support***

Child support can only be changed if there has been a significant change of circumstances or a change in custody or parenting time since the original order.

The amount of child support is determined by the Child Support Guidelines. The Guidelines have worksheets to help you estimate what support may be ordered. The Division of Child Support (DCS) also has an interactive calculator at [www.oregonchildsupport.gov](http://www.oregonchildsupport.gov) that can give you an idea of what child support may be ordered. You may also be able to ask a facilitator at your local court for help estimating child support. Submit the worksheet or calculator printout with your forms.

- **NOTE:** If you request a child support amount that is *different* from what the calculator or worksheet says, you *must* explain why and how you reached that amount. If not, your case may be delayed until you provide an explanation for the difference.

### ***Payment of Child Support***

Support is usually withheld from the payor's (the person who has to pay support) paycheck. The court may allow an exception to the income withholding requirement if you qualify under [ORS 25.396](#) and if you request an exception. If the court grants an exception to income withholding, payment can be deposited into the receiver's bank account. If you are *paying* child support directly to the other parent, you should keep proof of every payment, including a receipt if you pay cash.

### **Health Insurance**

The judgment *must* address health insurance for any minor child involved in your case if your existing order does not.

### **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 health insurance available, the court must order Cash Medical Support unless the judge finds reasons not to. The judge *cannot* order Cash Medical Support in some situations.

### **Adult Children (18-21)**

If you have any child with the respondent who is 18, 19, or 20 years old who is not married or

emancipated, that child is a necessary party to this case. He or she *must* be added as a party in the case caption and has the right to participate.

If an adult child is attending school at least half-time according to the school's standards, that child is considered a "**child attending school.**" A child attending school is entitled to child support until age 21. The child must sign the judgment if support is ordered.

You must properly serve each adult child with all the same papers as the other parent (see section below about serving the other party). After being served, a child **may** sign a ***Waiver of Further Appearance and Consent to Entry of Judgment*** form if the child chooses not to participate in the case.

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### **Have your documents reviewed**

You may want to have your documents reviewed 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 might be able to get your documents reviewed for a smaller fee through the Oregon State Bar's Modest Means program. Your local Legal Aid office might review documents for free if you qualify. Facilitators may be available for free in your court, but you may have to make an appointment. Call your court for information.



### **Make copies**

Make one copy of **all** of the forms for your records, and one copy of the *Motion and Declaration* to serve on the other party if the court grants your motion (*see below*).

You must also send a copy of the *Motion and Declaration* to the Division of Child Support branch office in your county if either of you is receiving public assistance. The branch office's address can be found at [www.dcs.state.or.us/offices.htm](http://www.dcs.state.or.us/offices.htm) or in the "Local Family Law Practices and Programs" form for your local court. Fill out and file the ***Certificate of Mailing to DCS*** after you mail the *Motion*.

## STEP 2: FILING AND SERVICE



### *File your forms*

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File all of the **original** forms with the court clerk. You will have to pay the filing fee when you file your papers. Go to [www.courts.oregon.gov/Pages/fees.aspx](http://www.courts.oregon.gov/Pages/fees.aspx) for the filing fee. Some courts will set a hearing for you to appear when you file your *Motion*. Ask the court when you file if you will have to appear or if you will receive the court's decision by mail (*see* The Order on Motion to Show Cause *below*)

- If you are low income, you may ask the court to defer (postpone) or waive your filing fee. You must complete an ***Application and Declaration for Deferral or Waiver of Fees*** and an ***Order Regarding Deferral or Waiver of Fees*** and file them with your papers. If the fee is deferred, you will have to pay the fee later. If the fee is waived, you don't have to pay it now. However, the judge may reconsider waived and deferred fees at the end of the case.

### **The Order on Motion to Show Cause**

The judge will review your motion and declaration. The court will send (or give) you an *Order on Motion to Show Cause* which either grants or denies your request to have the other party respond to your requested changes. The order will have information for both you and the other party about how your case will proceed. If a hearing is scheduled, you *must* appear or the court will deny the changes you asked for.

- If the court grants your request on the *Order to Show Cause*, you must serve the *Order* and a copy of the *Motion and Declaration* on the other party. See the next section for service information.
- If the court denies your request, then no changes will be made to your judgment and no hearing will be scheduled.



### *SERVICE*

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You must officially notify the other party that you have filed a motion. This is called “service.” Follow the same steps to serve any 18, 19, or 20 year old children.

**Acceptance of Service** - If it is safe for you to give the other party the papers yourself, you can use an ***Acceptance of Service*** form. If the other party signs an *Acceptance of Service* form, no other kind of service is required. Signing the *Acceptance of Service* does *not* mean the other party agrees with anything in your *Petition*, only that he or she received the papers. You must still file the papers with the court before you give the copies to the other party.

### **Formal Service**

If the other party does not sign the ***Acceptance of Service***, you must use another method. There are four ways you can serve. Service must be done **after** you receive an order granting your motion.

**\*\*3 CRITICAL POINTS\*\***

1. If you serve before you file, you will have to serve the papers again
2. You *CANNOT* serve the papers yourself
3. If the other party has a lawyer, you should also send a courtesy copy of the papers to the lawyer

1. **Personal Service:**

- a. **By Process Server:** Take a copy of your papers to the sheriff's office in the county where the other party is located and have a sheriff's officer serve the papers. The sheriff's office charges a fee for service. You can also hire a private process server of your choice.
- b. **By a Non-Party:** Have a competent\* person 18 years or older who is a resident of Oregon **and who is not a party** to the case (Petitioner or Respondent), **nor** the lawyer of a party, serve the papers. The server cannot be an employee of any party. If the other party is outside of Oregon, the server can be a resident of the state where the other party is. If you have safety concerns, have the sheriff perform service.  
\*competent means a person who can understand, remember, and tell others about an event.

A ***Certificate of Service*** must be filed with the court by whoever serves the other party. The certificate must include the date of service and the name of the person served.

2. **Substituted Service:** The process server may leave the papers at the other party's residence (where he or she normally lives) with someone 14 or older who lives there. The process server must also mail a copy of the papers (with a statement of the date, time, and place that the papers were served) to the other party by first class mail. Make sure the process server completes a ***Certificate of Service***. The date of service is the day the first class mailing is put in the mail.
3. **Office Service:** The process server may leave the papers with someone *in charge* of the other party's office or normal workplace. The process server must also mail a copy of the papers (with a statement of the date, time, and place that the papers were served) to the other party by first class mail. Make sure the process server completes a ***Certificate of Service***. The date of service is the day the first class mailing is put in the mail.
4. **By Mail:** **First**, the process server must send the papers to the other party's home or business address by first class mail. **Second**, the server must send a copy by certified mail, return receipt requested. The process server **must** file proof of service with the court, including the signed green card, date of receipt, and item number along with a ***Certificate of Service***. If the green card is not returned or if someone other than the other party signed for it, then service by mail was not effective and you must try another type of service. The date of service is the day the other party signs the returned green card.

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| 1. Article Addressed to:   |  |
| 2. Article Number (Copy from service label)  |  |
|  | 3. Service Type  |
|  | <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |

PS Form 3811, July 1999 Domestic Return Receipt 102395-00-M-0952

### **Certificate of Service**

The Certificates are your proof of service. An original *Certificate of Service* or *Acceptance of Service* must be filed with the court for your case to proceed, regardless of the method of service.



If a certificate of service is not received within **63 days** of filing your *Motion*, the court may send you a notice of dismissal.

If you are not able to have the other party served by any of the methods listed above, you may ask a judge to allow you to use another service method. The judge might allow you to publish or post the documents. Forms to make this request are available online at [www.courts.oregon.gov](http://www.courts.oregon.gov).

## **STEP 3: RESOLVING YOUR CASE**

### **IF YOU AND THE OTHER PARTY AGREE TO CHANGE YOUR JUDGMENT:**

If you and the other party have agreed (“stipulated”) to all of the issues, fill out and have both parties sign:

- ***Supplemental Judgment Modifying a Domestic Relations Judgment***

### **IF THE COURT DID NOT SCHEDULE A HEARING ON YOUR ORDER:**

If the other party does not respond to the court in writing within 30 days of the date of service, you may submit a completed ***Supplemental Judgment of Modification of Domestic Relations Judgment*** to the court. The *Judgment* MUST have exactly the same terms as your original *Motion* or you will have to either start over (and re-serve) or fill out a new *Judgment*. If you don’t submit the *Judgment* to the court, your judgment terms will not be changed and your *Motion* may be dismissed.

You should receive a copy of the response. If not, you can check with the court to see if the other party responded.

### **IF THE COURT SCHEDULED A HEARING ON YOUR ORDER:**

If the court schedules a hearing in your case, you *must* appear or your motion will be dismissed and no changes will be made to your existing judgment. **NOTE:** you must appear even if the other party does not file a written response.

## **The Judgment**

Fill out:

- ***Supplemental Judgment Modifying a Domestic Relations Judgment***

Make a copy for yourself and one for the other party. File the original with the court.

The terms in the judgment must be *exactly* the same as what you requested in your *Motion and Declaration* unless you had a hearing and the judge made different orders.

Other parties can object to the *Judgment*. If that happens, you have to discuss the objections and attempt to resolve them before you submit the *Judgment* to the court. If you are not able to resolve the objections, the objecting parties can either send you a written statement explaining their objections, or they can submit their objections directly to the court. You must complete the *Certificate of Readiness* section of the *Judgment* to tell the judge whether there are outstanding objections. See [UTCR 5.100\(1\)](#) for more information about notice and objections.<sup>1</sup>

If the other party is responsible for preparing the judgment, they must send the proposed judgment to you before submitting it to the court. Then you can review it and object to it within 7 days of the date it was sent to you. If you and the other party are not able to resolve your objections after reasonable efforts, you can either send a written explanation of your objections to the party or directly to the court. You must notify the other party of your intentions so that they can advise the judge that there are outstanding issues. The judge may make a decision after reviewing the documents, or the court may contact you with further information.

If you are responsible for preparing the final judgment, make a copy for yourself and one for other party. File the original with the court.

Your modification is effective the date the *Judgment* is entered into the court register. You will receive a notice when the judgment is entered.

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<sup>1</sup> <http://courts.oregon.gov/utcr>

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

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

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

**EX PARTE MOTION FOR  
ORDER TO SHOW CAUSE  
RE: JUDGMENT MODIFICATION  
and DECLARATION IN SUPPORT**

and

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

➤ I need an interpreter:  Spanish  Russian  other: \_\_\_\_\_

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**Motion**

I am the  Petitioner  Respondent in this case. I ask the court to issue an *Order to Show Cause* requiring the other party to appear and show cause why this court should not modify (change) the provisions of a prior judgment related to (check all that apply):

- Spousal/Partner Support
- Custody
- Parenting Time
- Child Support
- Other: \_\_\_\_\_

The judgment I want to modify is (court or agency, case number, and date) \_\_\_\_\_

**Court Costs and Fees** (whether paid or deferred) related to this motion

- Each party should be responsible for paying his or her own costs and fees
- Costs and fees should be paid by both parties equally
- Respondent  Petitioner should reimburse the other party for costs and fees paid
- Other: \_\_\_\_\_

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**Statement of Points and Authorities**

ORS 107.135(1)(a) allows the court to modify custody, parenting time, and support terms in a judgment of dissolution, annulment, or separation

ORS 107.431 allows the court to set aside, alter, or modify parenting time and to terminate or modify child support if parenting time is being denied

ORS 106.340(3) extends all legal rights and obligations of spouses pertaining to a child of either party to registered domestic partners

ORS 109.103(1) extends all provisions of ORS 107.135 to unmarried parents

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**Declaration**

The other party is not in active military service of the United States and is not incapacitated, a minor, a protected person, or a respondent (as defined by ORS 125.005)

Other (*explain*): \_\_\_\_\_  
\_\_\_\_\_

**Spousal/Partner Support:**

Spousal/Partner support should be  terminated **or**  changed to (*explain the changes you want*) \_\_\_\_\_  
\_\_\_\_\_

**Because** (*specifically describe substantial change in circumstances*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Effective date** - The new support order should be effective as of  the date this *Motion* is served on the other party (*or*)  Other \_\_\_\_\_

**Children**

A No-Contact Order (criminal or other) prohibits Respondent from exercising parenting time

Case # \_\_\_\_\_ County/State: \_\_\_\_\_

The following children are affected by this request (*names and ages of children*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Custody and Parenting Time**

**1. UCCJEA Information (Uniform Child Custody Jurisdiction and Enforcement Act)**

This court has jurisdiction to modify custody, or parenting time under the UCCJEA (ORS 109.741 – 109.751) because

An Oregon court made the original order and the children (or at least one parent) still live in Oregon

Other reason (*explain*) \_\_\_\_\_  
\_\_\_\_\_

**1A.** List the places where any of the named children 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

**Current:**

| Child's Name | Current Address | Lives with:  |
|--------------|-----------------|--|
|              |                 | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent<br><input type="checkbox"/> Other: _____ |
|              |                 | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent<br><input type="checkbox"/> Other: _____ |

**Residences:**

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

Additional page attached titled "Section 6A-UCCJEA"

**Additional Caregivers:**

| Dates From/To | Name of Parent/Caretaker | Where did they live with this caretaker? | Contact Address of Parent/Caretaker | Which Children |
|---------------|--------------------------|--|-------------------------------------|----------------|
|               |                          |  |                                     |                |
|               |                          |  |                                     |                |

**1B. Other than the judgment I want to modify,**

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

| Name of Court | State | Case No. | Date of final decision | Result<br><i>(include names of affected children)</i> |
|---------------|-------|----------|------------------------|---|
|               |       |          |                        |   |
|               |       |          |                        |   |

Additional page attached; see section titled "Section 1B-UCCJEA"

**1C. I do not know of any other legal proceeding that may affect the outcome of this case, including enforcement of domestic violence or protective orders, adoption, termination of parental rights, or guardianship involving any of the children pending in any state**

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

**1D.** 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*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.** A change in custody or parenting time is in the **best interest** of the children because  
(*explain in detail*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional page attached; see section titled "Section 2-Best Interests"

**2A.**  **Custody** should be changed as follows

Petitioner  Respondent should have sole custody of (*names*) \_\_\_\_\_  
\_\_\_\_\_

Parties have agreed to joint custody of (*names*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Modification of **custody** is appropriate because circumstances have changed significantly since the prior judgment (*explain in detail*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional page attached; see section titled "Section 2a-Circumstances"

**2B.**  **Parenting Time** should be changed as follows (*check all that apply*)

according to the attached Parenting Plan labeled Exhibit \_\_\_\_\_ **or**

as follows \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parenting time should be supervised by \_\_\_\_\_

Cost of supervision should be paid by:

Petitioner  Respondent  Other \_\_\_\_\_

Other terms \_\_\_\_\_  
\_\_\_\_\_

Petitioner  Respondent should not have parenting time because it would endanger the health or safety of the children (*state supporting facts*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional page attached; see section titled "Section 2B-Endangerment"

3. **Relocation** -  Petitioner  Respondent should be allowed to move more than 60 miles further distant from the other party without advance written notice because good cause exists (*explain*) \_\_\_\_\_

4. **Contact Information** -  Petitioner  Respondent **should not** be required to provide contact information to the other party *because* \_\_\_\_\_

**Child Support and Medical**

Pending Child Support Cases

No other child support case is pending in any state

Another child support case is pending in another court or agency

Name of court or agency: \_\_\_\_\_ Case #: \_\_\_\_\_

Existing Child Support Cases

No other child support orders or judgments exist (besides the order I want to modify)

Another child support order or judgment exists (besides the order I want to modify)

Name of court or agency: \_\_\_\_\_ Case #: \_\_\_\_\_

Date signed: \_\_\_\_\_

1.  Child support should be **terminated** (stopped) based on the change of custody requested above

2.  Child support should be changed as follows based on the requested change of custody or substantially changed circumstances (*explain in detail*) \_\_\_\_\_

2A.  Child Support (*including Cash Medical Support, see instructions*) **is presumed to be unavailable** because the parent who would pay (*check all that apply*):

receives cash payments from a **public assistance** program including TANF or SSI

is (or is expected to be) **incarcerated** (in jail or prison for at least 6 months) and has income less than \$200 per month

Support should be ordered despite the presumption because (*explain why and complete the section below*): \_\_\_\_\_

**2B.** Support should be ordered payable:  
**by**  Petitioner  Respondent  
**to**  Petitioner  Respondent  Adult Child Attending School (*name*): \_\_\_\_\_  
**on** the first day of each month  
**beginning**  the month following entry of this judgment *or*  the date of service  
of this *Motion*

**2C.** The total monthly amount should be \$\_\_\_\_\_, which is (*check one*):  
 the amount presumed correct under the Oregon child support guidelines,  
worksheets are included with this *Motion* (**or**)  
 different from the amount presumed correct by the child support guidelines  
because the guideline amount would be unjust or inappropriate (*explain*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
*(The reasons must also be shown on the support worksheets you submit with this Motion)*

**3.** Payment – I understand that payments will be made by income withholding unless an exception applies

**3A.**  I request an exception to the income withholding requirement of ORS 25.378  
so that payment can be made another way because good cause exists  
 Petitioner and Respondent have agreed in writing to the following alternative  
payment method (*explain*) \_\_\_\_\_

\_\_\_\_\_  
 Other exception under ORS 25.396 (*explain*) \_\_\_\_\_

**3B.** Payment should be made to:

All support payments should be made to the Department of Justice, Child  
Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309

**Or**

An exception to income withholding applies as noted above. All support  
payments should be made to the recipient's checking or savings account. The  
receiving parent should be ordered to provide the paying parent with current  
deposit slips or bank name, account name, and account number.

**or**

Other (*explain*) \_\_\_\_\_

\_\_\_\_\_  
*(only available if you request an exception to income withholding, above)*

**3C. Adult Child Attending School**

Support for an **adult child attending school** as defined by ORS 107.108  
should be distributed by the Department of Justice directly to the child

**or**

- Good cause exists to pay support for an adult child attending school to the:  
 Petitioner  Respondent and NOT to the child (*explain*) \_\_\_\_\_
- 
- 

- 4. Length of Child Support** - Child support should end when the last child (*check one*):  
 reaches age 18, or if the child qualifies as a child attending school under ORS 107.108, age 21  
 reaches age 18  
or becomes self-supporting, emancipated, or married

**5. Medical**

|  |
|--|
| <input type="checkbox"/> The original judgment provided for medical costs <b>and</b><br><input type="checkbox"/> that order should NOT be changed ( <i>skip to section 5B</i> )<br><input type="checkbox"/> that order should be changed as follows ( <i>complete the sections below</i> ) |
| <input type="checkbox"/> The original judgment did NOT provide for medical costs ( <i>complete sections below</i> )  |

**5A. 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**

*(If health insurance is not available, then the parent who is ordered to pay child support will also be ordered to pay cash medical support according to the Child Support Guidelines unless the court finds reason not to)*

**Cash Medical Support should not be ordered because:**

- Support is presumed to be unavailable for the reason marked in Section 2A, above (*Note: if you asked that support be awarded anyway, do not mark this box*)  
 the parent paying child support has income at or below Oregon's minimum wage for full-time employment, so cash medical support should not be ordered  
 The children's medical needs will be met by the *Uninsured Medical Expenses* provision below  
 Other (*explain*): \_\_\_\_\_

**5B. Uninsured Medical Expenses**

- Uninsured medical expenses should be terminated (stopped)

**or**

- Petitioner should pay \_\_\_\_\_% and Respondent should pay \_\_\_\_\_% of the unreimbursed costs of the children's reasonable medical, dental, and vision care. This does not include ordinary expenses like nonprescription medication, bandages, vitamins, and copays for regular checkups, which the parents are presumed to 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.

**or**

This obligation should be **in addition** to any child support and cash medical support ordered above

**6.  Life Insurance for the Children**

The party paying support should carry life insurance for the benefit of the parties' children throughout the period of the support obligation. The coverage should be in the amount of \$ \_\_\_\_\_

**(or)**

The life insurance provision should be terminated (stopped)

**7.  Tax Dependents**

Petitioner  Respondent may claim the following children as dependents for tax purposes beginning with the **tax** year this judgment is entered. The other parent should be ordered to complete any IRS waivers or forms necessary to accomplish this in each tax year and ordered not to file contradictory tax returns.

List names: \_\_\_\_\_

OR

Other (specify): \_\_\_\_\_

*\* Parties are advised that this judgment is not binding on the IRS and will not provide a defense if the parties fail to comply with IRS regulations in any given tax year. Parties are advised to speak to a tax specialist.*

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**Certificate of pending/existing child support proceedings**

- There  is  is not a PENDING child support proceeding
- There  is  is not an EXISTING child support order or judgment

Information about any pending or existing child support proceedings is included above

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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 \_\_\_\_\_

\_\_\_\_\_ 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<br>(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 \_\_\_\_\_

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

\_\_\_\_\_ Petitioner

and

\_\_\_\_\_ Respondent

**CONFIDENTIAL  
INFORMATION FORM**

Amended CIF

UTCR 2.130

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

**Submitted by:**  Petitioner  Respondent  other: \_\_\_\_\_

**Information about (name):** \_\_\_\_\_  
(first, middle, last)  Petitioner  Respondent  other: \_\_\_\_\_

|                                      |                         |
|--------------------------------------|-------------------------|
| Date of Birth:                       | Social Security Number: |
| Driver License (Number and State):   |                         |
| Former Legal Names:                  |                         |
| Employer's Name, Address, and Phone: |                         |

**Minor children of the parties:<sup>1</sup>**

| Name: | Date of Birth: | Social Security Number: |
|-------|----------------|-------------------------|
|       |                |                         |
|       |                |                         |
|       |                |                         |
|       |                |                         |

Additional page attached

<sup>1</sup> The names of parties and children, and children's ages are not confidential. This form can only be viewed by the party who files it unless the court orders otherwise.

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

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

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent

**NOTICE OF FILING OF  
CONFIDENTIAL  
INFORMATION  
FORM (CIF)**

Amended CIF

and

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

I filed Confidential Information Forms with the court about the following parties to this case as required by Uniform Trial Court Rule (UTCRC) 2.130 (Use first, middle, last names below):

1) My Name: \_\_\_\_\_

Petitioner  Respondent  Other: \_\_\_\_\_

Containing (check all that apply):

Social Security Number (SSN)  Date of Birth (DOB)  children's SSN  children's DOB  
 employer's name, address, and phone number  driver license number  
 former legal names

2) Name: \_\_\_\_\_

Petitioner  Respondent  Other: \_\_\_\_\_

Containing (check all that apply):

SSN  DOB  children's SSN  children's DOB  employer's name, address, and phone number  
 driver license number  former legal names

3) Name: \_\_\_\_\_

Petitioner  Respondent  Other: \_\_\_\_\_

Containing (check all that apply):

SSN  DOB  children's SSN  children's DOB  employer's name, address, and phone number  
 driver license number  former legal names

4) Name: \_\_\_\_\_

Petitioner  Respondent  Other: \_\_\_\_\_

Containing (check all that apply):

SSN  DOB  children's SSN  children's DOB  employer's name, address, and phone number  
 driver license number  former legal names

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
City, State, ZIP

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

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

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 \_\_\_\_\_

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

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent

**CERTIFICATE OF MAILING OR  
DELIVERY TO DIVISION OF  
CHILD SUPPORT**

I certify that on *(date)* \_\_\_\_\_, I  hand-delivered **or**  mailed by first-class mail a true copy of the *Motion* in the above domestic relations case to the local branch office of the Department of Justice, Division of Child Support at *(list address)*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 and I am subject to penalty for perjury.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature {  Petitioner  Respondent }

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

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

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

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

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

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

\_\_\_\_\_  
Plaintiff/Petitioner

v.

**ACCEPTANCE OF  
SERVICE**

\_\_\_\_\_  
Defendant/Respondent

I am the  Plaintiff/Petitioner  Defendant/Respondent in this matter.

On (date) \_\_\_\_\_ I received a true copy of (check all that apply):

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Petition  | <input type="checkbox"/> Summons                  |
| <input type="checkbox"/> Claim     | <input type="checkbox"/> Information on mediation |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Other: _____             |

**And for Domestic Relations cases:**

- Notice of Statutory Restraining Order Preventing Dissipation of Assets
- Notice of CIF (*Confidential Information Form*) Filing
- Information on continuation of insurance coverage (COBRA)
- Order to Show Cause re: Modification with Motion and Declaration
- Statement of Assets and Liabilities
- Uniform Support Declaration
- Other forms: \_\_\_\_\_

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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 in court and I am subject to penalty for perjury.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

## NOTICE OF PROPOSED JUDGMENT OR ORDER

*To be sent to all other parties before submitting proposed Judgment or Order to the court for signature. Send the Judgment or Order to the other party with this Notice at least 7 days before submitting it to the court. This does not apply to judgments submitted with a Motion for Order of Default or after an Order of Default has been granted.*

This notice is to inform you that you can object to the attached proposed *Judgment or Order*.

Uniform Trial Court Rule (UTCRC) 5.100<sup>1</sup> allows you to object to the proposed judgment or order. If you have no objections, you can sign the last page and return it to me.

### **If you do object to any of the terms of the judgment or order, you may:**

**1) Contact me within 7 days of the date of this notice.** If you contact me and we are not able to resolve your objections after reasonable efforts, I will include your objections with the proposed judgment or order when I submit it to the court.

or

**2) Submit your objections directly to the court.** If you intend to submit your objections directly to the court, notify me within 7 days of the date of this notice so that I can inform the court of your intentions when I submit the proposed judgment or order. If you do object to the proposed order or judgment, you must contact me within 7 days of the date of this notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

<sup>1</sup> <http://www.courts.oregon.gov/programs/utcr/Pages/currentrules.aspx>

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

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

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

**SUPPLEMENTAL JUDGMENT  
MODIFYING A  
DOMESTIC RELATIONS  
JUDGMENT**

Unmarried Children 18, 19, or 20 years old (per ORS 107.108) (full names)

This *Supplemental Judgment* modifies the following provisions of a prior *Judgment*:

- Spousal/Partner Support  
 Custody  Parenting Time  Child Support  
 Other: \_\_\_\_\_

**This matter came before the court** on the motion and declaration of

- Petitioner  Respondent

No response to the *Order to Show Cause re: Modification* was received from the non-moving party

The non-moving party is not in active military service of the United States and is not incapacitated, a minor, a protected person, or a respondent (as defined by ORS 125.005)

A hearing was held \_\_\_\_\_ (date), at which the following were present:

- Petitioner  Petitioner's attorney  
 Respondent  Respondent's attorney  
 Other: \_\_\_\_\_

The parties have stipulated (agreed) to the terms of this judgment as shown by their signatures at the end of this *Judgment*

**Children 18, 19, or 20 Years of Age**

- Waived further appearance: (names) \_\_\_\_\_  
 Fully participated in the proceedings (names) \_\_\_\_\_  
 Signed and stipulated to the terms of judgment shown by the signature at the end of this *Judgment*

**THE COURT FINDS:**

The court considered the  declaration  response  evidence presented and found that:

- a substantial change in circumstances has occurred since the last judgment or order, justifying a change in **support or custody**  
 the requested change in **custody or parenting time** is in the children's best interest

**Jurisdiction**

This court has jurisdiction to modify the following judgment (list court or agency, case number, and date): \_\_\_\_\_

*Because: (check all that apply)*

Only spousal/partner support is at issue in this Modification action

**Child Support**

the judgment above was issued by a court in Oregon and one of the parents or a child receiving support under the prior judgment still resides in Oregon, **or**

Other reason (*explain*) \_\_\_\_\_

**Custody or Parenting Time** under the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)

the judgment above was issued by a court in Oregon and one of the parents or a child affected by the custody or parenting time provisions still resides in Oregon, **or**

Other reason (*explain*) \_\_\_\_\_

Oregon does not have jurisdiction under the UCCJEA because: \_\_\_\_\_

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**THE COURT ORDERS the following modifications to a prior judgment:**

**1. Spousal/Partner Support**

Spousal/Partner support is  terminated **or**  changed as follows: \_\_\_\_\_

*Findings supporting termination:* \_\_\_\_\_

**Effective date** – changes are effective as of (*date*) \_\_\_\_\_

**2. Custody and Parenting Time**

a)  Petitioner  Respondent is granted sole custody of: (*names*) \_\_\_\_\_

Parties have agreed to joint custody of: (*names*) \_\_\_\_\_

b)  Parenting Time is changed  according to the attached Parenting Plan labeled Exhibit \_\_\_\_\_ **or**

as follows: \_\_\_\_\_

Petitioner  Respondent must not have parenting time because it would endanger the health or safety of the children

Parenting time must be supervised by: \_\_\_\_\_  
Cost of supervision will be paid by  Petitioner  Respondent  Other: \_\_\_\_\_

- c)  Petitioner  Respondent is allowed to move more than 60 miles farther away from the other party without advance written notice because good cause exists
- d)  Petitioner  Respondent is not required to provide contact information to the other party

### **3. Child Support and Medical Costs**

a)  Petitioner's  Respondent's child support obligation to children (*names*) \_\_\_\_\_  
\_\_\_\_\_ is **terminated** based on the change of custody *or*  
(explain other reason for termination) \_\_\_\_\_

b)  Child support is **changed** as follows based on the requested change of custody or substantially changed circumstances

Support must be paid:

**by**  Petitioner  Respondent

**to**  Petitioner  Respondent  Adult Child Attending School

**on** the first day of each month

**beginning**  the month following entry of this judgment *or*  the date of service of this motion (*date:* \_\_\_\_\_)

The monthly **amount** due is: \$ \_\_\_\_\_ (*Child Support Worksheets are attached and incorporated, labeled Exhibit \_\_\_\_\_*)

This amount is:

the amount presumed to be appropriate under the support guidelines

different from the presumed appropriate amount *because:* \_\_\_\_\_

c)  **Income withholding** is **not** ordered at this time because there is no support arrearage **and**

The parents (or the State, if support rights are assigned) have agreed in writing to an alternative arrangement which is approved by the court; ***or***

Good cause not to require withholding is found because there is proof of timely payment of previously-ordered support and income withholding would not be in the best interests of the child

*In all cases, select one of the following:*

All support payments must be made to the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309

***Or***

An exception to income withholding applies as noted above. All support payments must be deposited to the recipient's checking or savings account. The receiving parent is ordered to provide the paying parent with current deposit slips or bank name, account name, and account number.

**Or**

Other (*explain*) \_\_\_\_\_  
\_\_\_\_\_

**Child Attending School**

Support for an adult child attending school as defined by ORS 107.108 must be paid directly to the child unless good cause exists for payment to be made another way

GOOD CAUSE exists not to pay support directly to a child attending school  
Payments must be made to  Petitioner  Respondent in the amount of  
\$ \_\_\_\_\_ per month

**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.

- d) **Length of Child Support:** Child support will end when the last child (*check one*)  
 reaches age 18, or if the child qualifies as a child attending school under ORS 107.108, age 21  
 reaches age 18  
or becomes self-supporting, emancipated, or married

- e) **Tax Dependents\***

Petitioner  Respondent may claim the following children as dependents for tax purposes beginning with the **tax** year this judgment is entered. The other parent must complete any IRS waivers or forms necessary to accomplish this order in each tax year and must not file contradictory tax returns.

List names: \_\_\_\_\_  
\_\_\_\_\_

OR

Other (*specify*): \_\_\_\_\_  
\_\_\_\_\_

*\* Parties are advised that this judgment is not binding on the IRS and will not provide a defense if the parties fail to comply with IRS regulations in any given tax year. Parties are advised to speak to a tax specialist.*

- f) **Life Insurance**

Petitioner  Respondent must carry life insurance for the benefit of the children in the amount of \$ \_\_\_\_\_ throughout the period of the support obligation if he or she is insurable

Petitioner  Respondent is no longer required to provide life insurance

- g) **Medical Costs**

Medical costs and insurance have been addressed in a prior judgment and are not being changed

**1. Health Insurance Coverage**

Petitioner  Respondent is ordered to keep insurance for the children throughout the period of the child support obligation

**2. Cash Medical Support**

Cash Medical Support **is** ordered in the amount of \$ \_\_\_\_\_ per month because health insurance coverage is not available to either parent. Cash Medical Support is payable in addition to child support by the parent ordered to pay child support, and on the same schedule.

Cash Medical Support **is not** ordered because:

Support is presumed to be unavailable for the reason marked above and the presumption has not been sufficiently rebutted

The parent paying child support has income at or below Oregon’s minimum wage for full-time employment

The children’s medical needs will be met by the *Uninsured Medical Expenses* provision below

Other (*explain*): \_\_\_\_\_

**CHANGES TO HEALTH INSURANCE AVAILABILITY**

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

**h) 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.

**or**

This obligation is **in addition** to any child support and cash medical support ordered above

**(or)**

orders regarding uninsured medical expenses are terminated

**4. *Additional changes:*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTICE ABOUT PARENTING TIME AND CHILD SUPPORT**

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 parenting time and visitation orders even if you are not receiving child support.

Violation of child support orders and visitation or 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, the domestic relations court clerk, or the Department of Justice at 1.800.850.0228 or 503.378.5567 for information.

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

**NOTICE ABOUT PERIODIC REVIEW AND MODIFICATION OF CHILD SUPPORT ORDERS**

If your child support case is handled by the District Attorney or the Department of Justice Division of Child Support, this agency will review your child support order if at least three years have passed since the order was entered, modified, or last reviewed. *This review will take place only if a parent requests.*

The purpose of the review is to see if the amount ordered is still within the guidelines for child support set out in Oregon law. The review could result in an increase or decrease in the support amount, depending on the parents’ financial circumstances and the needs of the child.

This “periodic review” service is provided at no cost to parents, but is available only for cases handled by the District Attorney or the Department of Justice.

The support agency handling your case will also review your support order for compliance with the guidelines whenever a substantial change in circumstance has occurred. You can request this “change in circumstance” modification from the support agency. But *any* support order (not just orders handled by the District Attorney or Department of Justice) can be modified because of a change in circumstance, so a private attorney is also able to assist you with this. You may also represent yourself.

5. Any terms in the prior *Judgment* not changed by this *Supplemental Judgment* remain in effect.

**6. Court Costs and Fees** (whether paid or deferred)

- Each party is responsible for paying his or her own costs and fees
- Costs and fees will be paid by both parties equally
- Respondent  Petitioner must reimburse the other party for costs and fees paid
- Other: \_\_\_\_\_

**7. Information Required by ORS 25.020(8)(a)**

As required by UTCR 2.130, a *Confidential Information Form (CIF)* has been completed for each party and filed with the court. The CIF contains all information required by ORS 25.020(8)(a).

Both parties must inform the Court and the Department of Justice (P.O. Box 14506, Salem, Oregon 97309) in writing of any change in the information within ten (10) days of such change. The Department of Justice or the District Attorney shall not disclose the information in the preceding section to the other party.

**8. Money Award\***

*\*only complete this section if there is a change to child or spousal/partner support*

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

|  | PETITIONER | RESPONDENT |
|--|------------|------------|
| Full Name                                  |            |            |
| Contact Address                            |            |            |
| Year of Birth                              |            |            |
| Social Security # (last 4 digits)          |            |            |
| Driver License # (last 4 digits) and State |            |            |
| Lawyer's Name, Address, Phone #            |            |            |

➤ *If an adult child is awarded support to be paid directly to the child **AND** there is no support awarded for minor children of the parties, or if the judge tells you that the adult child is a Judgment Creditor, fill out this box:*

|  |
|--|
| <input type="checkbox"/> The adult child named ( <i>full name and contact address</i> ) _____<br>_____<br>is a judgment creditor on this judgment<br>Adult child's lawyer's name, address, phone #: _____<br>_____ |
|--|

| The following information must be provided by any party entitled to receive a money award as listed in this Judgment |   |
|--|---|
|  | 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: _____<br>_____  |
| Respondent   | <input type="checkbox"/> None or <input type="checkbox"/> Name: _____<br>_____  |

|                            |  |
|----------------------------|--|
| Adult Child<br>Name: _____ | <input type="checkbox"/> None or <input type="checkbox"/> Name: _____<br>_____ |
|----------------------------|--|

| Type of Judgment                                     |  | Amount   | Beginning / Ending  |
|--|--|--|---|
| <input type="checkbox"/> Child Support               | WHO PAYS<br><input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent   | \$ _____<br>Per month for child support                      | Beginning the first day of the month following:<br><input type="checkbox"/> entry of this judgment<br><i>or</i><br><input type="checkbox"/> the date of service of the <i>Order to Show Cause</i> (date) _____<br><i>or</i><br><input type="checkbox"/> Other _____<br>and due on the first day of each month thereafter  |
|  | WHO RECEIVES<br><input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Adult Child | <b>and</b><br>\$ _____<br>per month for cash medical support |   |
| <input type="checkbox"/> Spousal/<br>Partner Support | WHO RECEIVES<br><input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent   | \$ _____<br>per month  | Beginning:<br><input type="checkbox"/> the first <i>or</i> <input type="checkbox"/> _____<br>day of the month following entry of this judgment<br><i>or</i><br><input type="checkbox"/> the date of service of the <i>Order to Show Cause</i> (date) _____<br><i>or</i><br><input type="checkbox"/> Other _____<br>and due on the same day of each month thereafter |
|  |  |  | Ending the earlier of:<br>(date) _____ or<br>the death of either party  |
|  |  |  | <b>or</b>   |
|  |  |  | A lump sum of<br>\$ _____   |

|   |  |          |  |
|---|--|----------|--|
| <input type="checkbox"/> Prejudgment Interest | WHO RECEIVES<br><input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent | \$ _____ |  |
|---|--|----------|--|

|  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Postjudgment Interest                     | <b>WHO RECEIVES</b><br><input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent | 9% per year simple interest on the unpaid balance of the total judgment amount of<br>\$_____               | Interest accrues from the date the judgment is entered and continues until the judgment is fully paid |
| <input type="checkbox"/> Court Costs and Service Fees already paid | <b>WHO PAYS</b><br><input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent     | Checked party reimburses the other party's costs and fees of:<br>\$_____<br>Directly to the awarded party  |   |
| <input type="checkbox"/> Deferred Court Costs and Service Fees     | <b>WHO PAYS</b><br><input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent     | Checked party must pay deferred costs and fees of:<br>\$_____<br>To the State of Oregon through this court |   |

Judge Signature:

\_\_\_\_\_

**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.  The other party has been found in **default** or an order of default is being requested with this proposed judgment;  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, or by written confirmation sent to me.

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*) \_\_\_\_\_ agreed 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:  Petitioner  Respondent

\_\_\_\_\_  
Signature

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

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I understand that I am subject to penalty for perjury for giving false information to the court. All factual information in this Judgment is true to the best of my knowledge and belief. I agree to the terms of this Judgment. I understand that this Judgment is enforceable by the court.

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
City, State, Zip

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

Respondent stipulates (agrees) to the terms of this judgment

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
City, State, Zip

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

Child 18, 19, or 20 years of age, stipulates to the terms of this judgment

\_\_\_\_\_  
Child, Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child, 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.

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

\_\_\_\_\_  
Date

---

Respondent, Signature

---

Date

---

Adult Child, Signature

---

Date