

Child/ren named _____ were born to
 Co-Petitioner, (*write name*) _____ in the year(s) _____, during this marriage/domestic partnership. The spouse/partner is not the parent of the child/ren. Co-Petitioner, (*write name*) _____ was not cohabiting with his/her spouse/domestic partner when the child was conceived.

Co-Petitioner, (*write name*) _____ is pregnant at this time and his/her spouse/domestic partner is not the parent of this/these child/ren. Co-Petitioner, (*write name*) _____ was not cohabiting with his/her spouse/domestic partner when this/these child/ren was/were conceived. The expected date of the child/ren's birth is _____.

This case is now ready for a hearing on the merits. We make this affidavit in support of a General Judgment without a hearing. The allegations in our petition are true and it is just and reasonable that the relief requested be granted in the proposed judgment.

- Child custody or child support is involved in this case and at the time of filing:
- The child/ren had continuously resided in Oregon for six months before this case was filed.
- List any other basis for child custody jurisdiction _____

The current residence of the minor child/ren is/are:

Name of Child	Resides With (Name, Address or Contact Address)	For How Long

Additional page attached, labeled "Information About Child/ren, Continued."

Parenting time should not be ordered because our child/ren's health or safety would be endangered because: _____

There is good reason for the court to allow Co-Petitioner _____ both Co-Petitioners to move more than 60 miles further distant from the other parent without giving written advance notice to the other parent. The good cause is: _____

Co-Petitioner's, (*write name*) _____ average gross monthly income is approximately \$ _____. Co-Petitioner's, (*write name*) _____ average gross monthly income is approximately \$ _____. Work or school related daycare is \$ _____ /month and is paid by Co-Petitioner, (*write name*) _____

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The child support amount we have requested does not deviate from the amount presumed correct under Oregon Administrative Rules, or does deviate from the presumed amount of \$ _____ per month because: _____

- Child support is involved and Co-Petitioner, (write name) _____ does not live in Oregon. (If you checked the box above, check any of the following boxes that are true)
- Co-Petitioner lived in Oregon with the child.
 - Co-Petitioner lived in Oregon and paid expenses for the birth or support of the child.
 - The child was possibly conceived in Oregon.
 - The child lives in Oregon because of the wishes of (write name) _____
 - Co-Petitioners both lived in Oregon at the same time (either together or separately) during the marriage for a period of six months, beginning (list dates) _____ and ending on _____ and less than one year has passed since one Co-Petitioner moved to a new residence out of state.
 - Other basis for jurisdiction: _____

A child support order currently exists and I requested that this court issue a new order because the existing order was issued by an Oregon court or agency, one of the parents or the child/ren receiving support under the order still resides in Oregon, and circumstances have changed since the first order was entered. The changed circumstances are (explain what has changed since the last order): _____

Co-Petitioner _____ has **private** health care coverage available to cover the child/ren at an out-of-pocket cost of \$ _____ per month for the child/ren's portion of the coverage. This health care coverage should be ordered.

Co-Petitioner _____ has **private** health care coverage available to cover the child/ren at an out-of-pocket cost of \$ _____ per month for the child/ren's portion of the coverage. This health care coverage should be ordered.

Neither Co-Petitioner has appropriate **private** health care coverage available for the parties' child/ren:

- Co-Petitioner, (write name) _____ Both Co-Petitioners should be ordered to apply for and enroll the child/ren in **public** health care coverage.
- Co-Petitioner, (write name) _____ has already applied to enroll the child/ren in **public** health care coverage. This coverage should be maintained if the child/ren are accepted for enrollment.
- The child/ren are currently enrolled in **public** health care coverage. This coverage should be maintained.
- Co-Petitioner _____ or Both Co-Petitioners should be ordered to provide appropriate **private** health care coverage when such coverage becomes available to them through any source.

Cash medical support should be ordered because:

- Neither party has appropriate **private** health care coverage available for the child/ren.
- The party receiving cash child support is also the party providing **private** health care coverage.

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Co-Petitioner _____ should pay cash medical support in the amount of \$ _____ per month to Co-Petitioner _____, in addition to cash child support, whenever he/she does not provide private health care coverage for the parties' minor child/ren.

OR,

Cash medical support should not be ordered because:

The party paying cash child support is also the party providing **private** health care coverage.

Co-Petitioner _____ Co-Petitioner _____ has income that is no more than full-time Oregon minimum wage or is/are eligible for Oregon public assistance.

The parties should share the child/ren's uninsured medical expenses as described below.

Other reasons: _____

Co-Petitioner, (*write name*) _____ should pay _____% and

Co-Petitioner, (*write name*) _____ should pay _____% of the uninsured HEALTH, ACCIDENT, DENTAL, ORTHODONTIC, AND OPTICAL HEALTH costs incurred by the child/ren. This obligation should be in addition to instead of any cash medical support.

The request for spousal support is supported by the following facts: _____

We request that personal information, such as telephone numbers and addresses, not be disclosed in the court's judgment as otherwise required by ORS 25.020 and ORS 107.085 because a party's health, safety or liberty, or that of our child/ren _____ would unreasonably be put at risk by such disclosure. **State supporting facts:** _____

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

We selected this document for ourselves, and we completed it without paid assistance.

We paid or will pay money to _____ for assistance in preparing this form.

Dated: _____, 20_____.

Co - Petitioner's Signature

Print Name

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone

SIGNED AND SWORN to before me this _____ day of _____, 20_____.

by _____

Notary Public for _____/Court Clerk

My Commission Expires: _____

Co - Petitioner's Signature

Print Name

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone

SIGNED AND SWORN to before me this _____ day of _____, 20 _____,

by _____

Notary Public for _____/Court Clerk

My Commission Expires: _____

I certify that this is a true copy:

_____, **Petitioner Signature**