

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

In the Matter of the  Marriage of )  
 )  
\_\_\_\_\_, )  
 ) Co-Petitioner, )  
 )  
and )  
 )  
\_\_\_\_\_, )  
 ) Co-Petitioner )  
and )  
 )  
 \_\_\_\_\_, )  
Child who is 18, 19, or 20 years of age, )  
unmarried and unemancipated. )  
(ORS 107.108) )

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

STIPULATED GENERAL JUDGMENT  
OF DISSOLUTION OF MARRIAGE/DOMESTIC  
PARTNERSHIP [With Children];  
and MONEY AWARD

**1. This matter came before the court:**

On the stipulations of the parties, as shown by the signatures below.

**2. Findings.** The court considered the:  Affidavit and stipulations

A. Irreconcilable differences have caused the irremediable breakdown of this marriage/domestic partnership.

B.  Spouses Only: Co-Petitioner, (*write name*) \_\_\_\_\_  Both Co-Petitioners has/have been a resident of or domiciled in the state of Oregon continuously for six months immediately prior to the filing of the Co-Petition for Dissolution of Marriage.

Domestic Partnership Only: One or both of the parties to this case currently live in the county where this petition has been filed, or  neither party currently resides in Oregon but the petition was filed in the county where  Co-Petitioner, (*write name*) \_\_\_\_\_ last resided.

C. **Children of the Marriage/Domestic Partnership.** The following children were born to/adopted by the parties before or during this marriage/domestic partnership (*list name(s), year(s) of birth(s) and age(s)*):

Name	Date of Birth	Age
	Separately provided in CIF.	

Co-Petitioner (*write name*), \_\_\_\_\_ is not the parent of the other Co-Petitioner's child/ren named \_\_\_\_\_

born during the marriage/domestic partnership on the following date(s) \_\_\_\_\_

Neither party is now pregnant.

Co-Petitioner, (*write name*) \_\_\_\_\_, is now pregnant.  Co-Petitioner, (*write name*) \_\_\_\_\_,  is  is not the parent of this/these child/ren due \_\_\_\_\_ (date)

**D. Child Custody Jurisdiction.** (*Check appropriate boxes*)

I.  Oregon has jurisdiction under the Uniform Child Custody Jurisdiction and Enforcement Act to hear the  custody  parenting time issue because:

Oregon is the child/ren's home state (i.e., the child/ren have lived here continuously for the six month period immediately before this case was filed).

Other reason: \_\_\_\_\_

II.  Oregon does not have jurisdiction under the Uniform Child Custody Jurisdiction Act because \_\_\_\_\_

**E. Child/ren Who Are At Least 18 and Under 21 Years of Age.**

\_\_\_\_\_ (*child/ren's name*) is 18, 19, or 20 years of age, is unmarried and unemancipated and has:

Waived further appearance in these proceedings.

Signed and stipulated to the terms of judgment evidenced by the signature below.

Fully participated in the proceedings and the judgment effectively binds him/her to the terms.

**NOW, THEREFORE, IT IS HEREBY ORDERED:**

The terms of this judgment are effective immediately. The marital/domestic partnership status of the parties shall terminate on the date this judgment is signed by the judge.

**1. Custody and Parenting Plan.**

Custody of the child/ren is awarded as follows:

Co-Petitioner \_\_\_\_\_ is awarded sole custody of the following child/ren (*list name/s*): \_\_\_\_\_

Co-Petitioner \_\_\_\_\_ is awarded sole custody of the following child/ren (*list name/s*): \_\_\_\_\_

The parties have agreed to joint custody of the following child/ren (*list names*): \_\_\_\_\_

And the parenting plan is attached and labeled, "Exhibit 1."

Co-Petitioner, (*write name*) \_\_\_\_\_ should have parenting time with the child/ren in accordance with the attached parenting plan labeled, "Exhibit 1."

Co-Petitioner, (*write name*) \_\_\_\_\_ should have reasonable parenting time with the child/ren upon giving reasonable notice to the other parent. Minimum parenting time, in case of disagreement, shall be: \_\_\_\_\_

Co-Petitioner, (*write name*) \_\_\_\_\_ shall not have parenting time because this would endanger the health and safety of the child/ren.

Parenting time shall be supervised by \_\_\_\_\_  Any cost of the supervision shall be paid by  Co-Petitioner, (*write name*) \_\_\_\_\_  Other: \_\_\_\_\_

Co-Petitioners shall each provide contact addresses and contact telephone numbers to the other and notify each other of any emergency circumstances or substantial changes in the child/ren's health.

Neither parent shall move to a residence more than 60 miles further distant from the other parent without giving the other parent reasonable notice of the change of residence and providing a copy of such notice to the court, or  the requirement of ORS 107.159 regarding notice of move is suspended for good cause found.

**2. Cash Child Support.** The child support calculation worksheet is attached and labeled, "Exhibit \_\_\_\_." Complete either (a) or (b) below:

(a)  Cash child support shall be paid by  Co-Petitioner \_\_\_\_\_ to  Co-Petitioner \_\_\_\_\_. The total payment per month is \$ \_\_\_\_\_ for \_\_\_\_ children.

The cash child support:

Is the amount presumed to be appropriate under the support guidelines.  
 Is different from the presumed appropriate amount of \$ \_\_\_\_\_ because (explain): \_\_\_\_\_

Payment of child support shall begin on:

The  first (or \_\_\_\_\_) day of the month following the date of the judgment and continuing on the same day of each month thereafter; **or**  
 \_\_\_\_\_ other date as agreed by the parties, and continuing on the same day of each month thereafter.

(b)  No cash child support is ordered in this judgment because:  
 An order,  including medical support, for child support in the monthly amount of \$ \_\_\_\_\_ has already been ordered in Circuit Court case number \_\_\_\_\_ in \_\_\_\_\_ County, Oregon.  
 Other reason: \_\_\_\_\_

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**3. Medical Support.** Complete section (a) or (b) below. Also complete section (c) or (d) below.

Complete (a) or (b):

**(a) Private Health Care Coverage is Appropriate and Available.**

- Co-Petitioner \_\_\_\_\_  Both Co-Petitioners has/have appropriate private health care coverage available for the parties' child/ren through an employer, spouse, domestic partner or other source.  Co-Petitioner \_\_\_\_\_
- Both Co-Petitioner is/are ordered to obtain and/or maintain this coverage throughout the period of the support obligation for the benefit of the parties' child/ren.
- Health care coverage is not ordered in this judgment because it has already been ordered in another case as described in section 2(b) above.

**(b) No Private Health Care Coverage is Appropriate or Available.**

- Neither Co-Petitioner has appropriate private health care coverage available for the parties' child/ren.  Co-Petitioner \_\_\_\_\_  Both Co-Petitioners must provide appropriate private health care coverage for the child/ren when such coverage becomes available to them at a reasonable cost through any source.
- The custodial parent shall apply to enroll or maintain the child/ren in public health care coverage.
- Health care coverage is not ordered in this judgment because it has already been ordered in another case as described in section 2(b) above.

**Notice:** If services are provided by the Division of Child Support, the obligor and obligee must inform the administrator, as defined in ORS 25.010(1), in writing of any change in private health insurance enrollment status within 10 days of the change. "Administrator" means either the Administrator of the Division of Child Support of the Department of Justice or a district attorney, or the Administrator's or a district attorney's authorized representative.

Complete (c) or (d):

**(c) Cash Medical Support Ordered.**

- Because neither parent has appropriate private health care coverage available for the parties' child/ren:  The parent obligated to pay child support must pay cash medical support in the monthly amount of \$\_\_\_\_\_ to the parent receiving child support whenever the paying parent does not provide appropriate private health care for the child/ren. This medical support may be collected by and assigned to the State of Oregon if the child is on public health care.

**NOTE:** Cash medical support **must** be ordered whenever neither parent provides appropriate private health care coverage for the child/ren, *unless* findings are included stating why cash medical support is not required (*see section (d) below*).

**OR**

- To help defray the cost of health care coverage provided by  Co-Petitioner \_\_\_\_\_, for the parties' child/ren, or to help defray the cost of uninsured medical expenses,  Co-Petitioner \_\_\_\_\_ must pay \$\_\_\_\_\_ monthly cash medical support to  Co-Petitioner \_\_\_\_\_.

(d) **Cash Medical Support Not Ordered.**

- Cash medical support is not ordered for the following reasons:
  - One of the parties provides private health care coverage.
  - Co-Petitioner \_\_\_\_\_'s  Both Co-Petitioners' gross monthly income/s is/are at or below the Oregon minimum wage for full-time employment.
  - Co-Petitioner \_\_\_\_\_  Both Co-Petitioners are receiving public assistance.
  - Other reason: \_\_\_\_\_

(e) **Responsibility for Uninsured Health Expenses.**

After the custodial parent pays the first \$250 per year per child,  Co-Petitioner \_\_\_\_\_ must pay \_\_\_\_\_% and Co-Petitioner \_\_\_\_\_ must pay \_\_\_\_\_% of the reasonably incurred uninsured health, accidental, dental, orthodontic, and optical costs incurred by the child/ren, including costs for prescriptions. This obligation is  in addition to  instead of any cash medical support ordered above.

**4. Length of Child Support.**

Unless the child becomes self-supporting, emancipated, or married:

- The support ordered for each child shall continue until the child reaches eighteen (18) years of age.
- The support ordered for each child shall continue until the child reaches age 21 if the child qualifies for support as a child attending school as defined by Oregon law.

**NOTICE ABOUT PERIODIC REVIEWS**

If you are receiving child support services through the Department of Justice, either parent may request that the Department of Justice/Division of Child Support review the amount of support ordered after three years from the date the order took effect or at any time upon a substantial change of circumstances.

**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.

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**5. Payment of Child Support**

**Effect on existing orders.** This Order shall modify and replace the following existing order (*list court/agency and case number*): \_\_\_\_\_

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 order was entered.

Pursuant to ORS 25.378(1), an income withholding order shall be issued to enforce the child support obligation unless an exception is indicated below.

**Exceptions to withholding.** Income withholding is not ordered at this time because there is no support arrearage, the paying parent has not previously been granted an exemption from withholding, and:

The parents, and the State, if support rights are assigned, have agreed in writing to an alternative arrangement; 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.

All payments of child support shall be made (check either (a) or (b) below):

(a)  To the Oregon Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309 or  by electronic payment withdrawal (EPW) or electronic funds transfer (EFT).

(b)  Pursuant to the above exception, directly to  Co-Petitioner \_\_\_\_\_'s checking or savings account. A receipt of deposit shall be kept by the parent paying support as proof of payment. A canceled check is also prima facie evidence that payment has been made. The person receiving support shall provide the paying parent with current deposit slips and/or

bank name, account name and account number.

**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.

**6. Dependents for Tax Purposes.**

Co-Petitioner \_\_\_\_\_ shall be entitled to claim the following child(ren) as dependent(s) for tax purposes beginning the year this judgment is entered (*list names*): \_\_\_\_\_

Co-Petitioner \_\_\_\_\_ shall be entitled to claim the following child(ren) as dependent(s) for tax purposes beginning the year this judgment is entered (*list names*): \_\_\_\_\_

OR

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

**7. Life Insurance Coverage for Child/ren.**

Co-Petitioner \_\_\_\_\_ shall obtain and maintain life insurance for the benefit of the parties' child/ren throughout the period of the support obligation if he/she is insurable. The coverage shall be in the amount of \$\_\_\_\_\_.

**8. Spousal Support and Life Insurance.**

- No spousal support or spousal life insurance is ordered in this case.
- The terms for Spousal Support, Payments, and Life Insurance indicated below shall be in effect:

**A. Spousal Support.**

Support shall be paid by: (*write names*) \_\_\_\_\_ to \_\_\_\_\_

In the amount of: \$\_\_\_\_\_ per month, or lump sum amount of \$\_\_\_\_\_ by \_\_\_\_\_ (date).

Period support payments shall last until: \_\_\_\_\_, or the death of either party; whichever comes first.

The support shall be called (check one or more):  transitional  compensatory  spousal maintenance, based on consideration of the following factors:: \_\_\_\_\_

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

Spousal support payments are taxable to the obligee spouse/domestic partner and deductible to the obligor spouse/domestic partner. All payments terminate upon the death of either party. Judgment is entered accordingly.

**Payments.**

Spousal support payments should be made:

- The first (or \_\_\_\_\_) day of the month following the date of the judgment and continuing on the same day of each month thereafter, **or**
- Other date as follows \_\_\_\_\_ (date) and continuing on the same day of each month thereafter.

All payments of spousal support should be made: (*check (a) or (b)*):

- (a)  To the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309. Co-Petitioners request that collection, accounting, disbursement, and enforcement services be provided through the Department of Justice. (Required if child support is paid through the state.)

**Withholding.**

- If child support is also ordered in this case and if enforcement services are provided through the State of Oregon's Department of Justice, the spousal support order should be enforceable by income withholding under ORS 25.378.

**OR**

- (b)  Directly into \_\_\_\_\_'s checking or savings account. A receipt of deposit should be kept by the paying spouse/domestic partner as proof of payment. The spouse/domestic partner receiving support should provide the paying spouse/domestic partner with current deposit slips and/or bank name, account name, and account number.

- The terms for Life Insurance indicated below should be in effect:

**B. Life Insurance.**

Co-Petitioner, (write name) \_\_\_\_\_ shall buy and maintain life insurance for the benefit of  Co-Petitioner, (write name) \_\_\_\_\_ throughout the period of the spousal support obligation in the amount of \$ \_\_\_\_\_

**9. Real Property Distribution.**

Neither Co-Petitioner has any interest in any real property located in this or in any other state.

Co-Petitioner, (write name) \_\_\_\_\_  Both Co-Petitioners has/have an interest in real property located at the address of \_\_\_\_\_

This property shall be distributed as follows: \_\_\_\_\_

Additional page labeled "Paragraph 9 - Real Property Distribution continued" attached.

The legal description of the property is attached as "Exhibit \_\_\_\_" and incorporated into this Judgment.

Co-Petitioner, (write name) \_\_\_\_\_ shall be responsible for the preparation, signing and recording of a deed, transferring the real property as required by this judgment.

Distribution of this property is not within the jurisdiction of this court.

**10. Personal Property Distribution (including motor vehicles).**

The Co-Petitioners have divided between them all personal effects, household goods and other personal property they own separately or together, and each shall be awarded those items now in their possession.

Co-Petitioner, (write name) \_\_\_\_\_ is awarded the following personal property: \_\_\_\_\_

Additional page labeled "Paragraph 10 – Co-Petitioner \_\_\_\_\_'s Personal Property Distribution continued" attached.

Co-Petitioner, (write name) \_\_\_\_\_ is awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred compensation plan, and/or stock option plan held by his/her current or past employer, free of any interest in the other party.

Co-Petitioner, (write name) \_\_\_\_\_ is awarded the following personal property: \_\_\_\_\_

Additional page labeled "Paragraph 10 - Co-Petitioner \_\_\_\_\_'s Personal Property Distribution continued" attached.

Co-Petitioner, (write name) \_\_\_\_\_ is awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred compensation plan, and/or stock option plan held by his/her current or past employer, free of any interest in the other party.

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**11. Distribution of Debts.**

The debts shall be paid as follows:

Name of Creditor (who money is owed to)	What Debt is For	Amount	Who shall pay (write names)

Additional page attached, labeled "Paragraph 11 - Distribution of Debts continued".

Each party shall be responsible for the payment of all debts incurred by him/her individually since the **date of the separation**; all debts which are distributed to him/her by the court; and all debts which are secured by property distributed to that party. Also, if any creditor asks the spouse/domestic partner not responsible for a debt to pay all or a portion of it, and s/he does so, the spouse/domestic partner responsible for that debt shall reimburse the other spouse/domestic partner for any monies s/he paid to the creditor after the date this judgment was entered.

The date of separation was: \_\_\_\_\_

**12. Transfer of Property and Debts.**

Within thirty (30) days of the date of this judgment, each party shall execute, acknowledge and deliver whatever documents are necessary to accomplish the distribution of debts and property ordered by the court. The judgment shall operate to convey title to the party awarded the property if the other party fails to comply with this requirement.

**13. Former Name.**

Co-Petitioner \_\_\_\_\_ former legal name of \_\_\_\_\_ is restored.

**14. Additional Provisions:** \_\_\_\_\_

Additional page attached labeled "Paragraph 14 - Additional Provisions continued".

**15. Court Costs and Fees.**

**A. Deferred Costs and Fees**

Any court costs and service fees (if service was completed by the Sheriff) that were deferred (required to be paid at a later date) by the court shall be paid by:

- Co-Petitioner (*write name*): \_\_\_\_\_
- Both parties equally
- Other: \_\_\_\_\_

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**B. Costs and Fees Paid by the Parties**

- Each party shall be responsible for paying his/her own court costs and service fees for this case.
- To be paid by both parties equally
- Co-Petitioner (*write name*), \_\_\_\_\_ shall reimburse the other spouse/domestic partner for his/her court costs and service fees for this case.

Other: \_\_\_\_\_  
 Judgment shall be entered according to the cost and fee allocation listed above.

**16. Information Required by ORS 25.020 and ORS 107.085.**

Both parties shall inform the Court and the Department of Justice (P.O. Box 14506, Salem, Oregon 97309) in writing of any change in the below information required by ORS 25.020 within ten (10) days of such change, unless a finding of unreasonable risk has been made in this case. If the court has ordered that a party be allowed not to disclose information, the Department of Justice or the District Attorney shall not disclose the information in the following section to the other parent.

Based on a finding that the health, safety, or liberty of  Petitioner  Respondent or a child, \_\_\_\_\_, would unreasonably be put at risk by disclosure of the following information,  Petitioner  Respondent has been allowed not to disclose this information.

Otherwise:

	Co-Petitioner	Co-Petitioner
Full Name		
Former Legal Name(s)	Do not list. Separately provided in CIF.	Do not list. Separately provided in CIF.
Age		
Address or Contact Address		
Telephone Number		
Social Security No.	Do not list. Separately provided in CIF.	Do not list. Separately provided in CIF.
Driver License No.	Do not list. Separately provided in CIF.	Do not list. Separately provided in CIF.
Employer Name, Address and Phone	Do not list. Separately provided in CIF.	Do not list. Separately provided in CIF.

Date of marriage/domestic partnership: \_\_\_\_\_.

Place of marriage/domestic partnership: \_\_\_\_\_.

**17. Money Award.** Child Support Obligation  included  not included.

Spousal Support  included  not included.

Additional information	CO-PETITIONER	CO-PETITIONER
Full Name		
Address or Contact Address		

Attorney's Info, (if applicable)		
Year of Birth		
Last 4 Digits of Driver License No. and State		
Last Four Digits of the Obligor's SSN		
<b>The following information is to be provided by any party entitled to receive a money award (a "judgment creditor") as listed in this Judgment.</b>		
Others Entitled to Portions of Judgment Payable to PETITIONER	The following person(s) or public bod(ies) are known by Petitioner to be entitled to a portion of a payment made on the judgment (other than Petitioner's attorney): <input type="checkbox"/> None or <input type="checkbox"/> _____	
Others Entitled to Portions of Judgment Payable to RESPONDENT	The following person(s) or public bod(ies) are known by Respondent to be entitled to a portion of a payment made on the judgment (other than the Respondent's attorney): <input type="checkbox"/> None or <input type="checkbox"/> _____	
<b>Type of Judgment</b>		<b>Amount of Judgment</b>
Child Support Award	WHO PAYS <input type="checkbox"/> _____	\$_____ <input type="checkbox"/> per month cash child support. \$_____ <input type="checkbox"/> per month cash child medical support, whenever the obligor does not provide private health care coverage for the parties' minor child/ren. Support begins on <input type="checkbox"/> the first day of the month following the date of the judgment, <b>or</b> (date) _____, and continuing on the same day of each month thereafter. Support will last until each child turns: <input type="checkbox"/> 18 or <input type="checkbox"/> 21 if attending school under ORS 107.108. Nine percent (9%) per annum simple interest will accrue on any unpaid installments as they become due.
	WHO RECEIVES <input type="checkbox"/> _____	
Spousal Support Award	WHO PAYS <input type="checkbox"/> _____	\$_____ per month starting on <input type="checkbox"/> the first day of the month following the date of the judgment, <b>or</b> (date) _____, lasting until (date) _____, or the death of either party, whichever comes first; <b>or</b>  A lump sum payment of \$_____ to be paid by (date): _____  Nine percent (9%) per annum simple interest will accrue on any unpaid installments as they become due.
	WHO RECEIVES <input type="checkbox"/> _____	
Accrued Arrears (if any, on judgments to be paid on a periodic basis)	WHO PAYS <input type="checkbox"/> _____	\$_____ per month, starting on the <input type="checkbox"/> first day or <input type="checkbox"/> Other: _____ of the month following the date of the judgment until the total amount of \$_____ is paid in full; <b>or</b> A lump sum payment of \$_____ to be paid by: _____ (date).
	WHO RECEIVES <input type="checkbox"/> _____	

**STIPULATED GENERAL JUDGMENT OF DISSOLUTION OF MARRIAGE/DOMESTIC PARTNERSHIP [WITH CHILDREN]; AND MONEY AWARD - Page 11 of 14**

**SPOUSAL SUPPORT PAYMENTS ARE TAXABLE TO THE OBLIGEE AND DEDUCTIBLE TO THE OBLIGOR. ALL PAYMENTS TERMINATE UPON THE DEATH OF EITHER PARTY.**

Property Judgment (if applicable)	WHO PAYS <input type="checkbox"/> _____	\$_____ per month, starting on the <input type="checkbox"/> first day or <input type="checkbox"/> Other: _____ of the month following the date of the judgment until the total amount of \$_____ is paid in full; <b>or</b>
	WHO RECEIVES <input type="checkbox"/> _____	A lump sum payment of \$_____ to be paid by: _____ (date).
Prejudgment Interest (Note: ORS 21.607(1) disallows interest on fees that have been deferred.)	WHO PAYS <input type="checkbox"/> _____	\$_____
	WHO RECEIVES <input type="checkbox"/> _____	
Postjudgment Interest (Note: ORS 21.607(1) disallows interest on fees that have been deferred.)	WHO PAYS <input type="checkbox"/> _____	Nine percent ( 9 %) per annum simple interest on the unpaid balance of the total judgment amount(s) of \$_____. Interest accrues from the date the judgment is entered and continues until fully paid.
	WHO RECEIVES <input type="checkbox"/> _____	
Costs and Service Expenses (e.g., filing fees, hearing fees, trial fees, process fees)	WHO PAYS <input type="checkbox"/> _____	\$_____
	WHO RECEIVES <input type="checkbox"/> _____  <input type="checkbox"/> State of Oregon	
Attorneys Fees (if any)	WHO PAYS <input type="checkbox"/> _____	\$_____
	WHO RECEIVES <input type="checkbox"/> _____	

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Circuit Court Judge

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

**APPLICATION FOR FULL CHILD SUPPORT PROGRAM SERVICES:** By signing below, I apply for child support services, including enforcement, from the Child Support Program(CSP). Check the box in Paragraph 5(a) if you are requesting accounting and disbursement services only. (Note: If you never received TANF, tribal TANF or AFDC in any state, an annual \$25 fee will apply if over \$500 is collected and distributed to the family each year.)

\_\_\_\_\_  
 **Co-Petitioner Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
 **Co-Petitioner Signature**

\_\_\_\_\_  
**Date**

**All parties have agreed (stipulated) to the terms of this judgment. (Sign before a notary public or court clerk only.)**

\_\_\_\_\_  
 **Co-Petitioner, Signature**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_, (date)

by \_\_\_\_\_ (name of person(s)).

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 **Co-Petitioner, Signature**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_, (date)

by \_\_\_\_\_ (name of person(s)).

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk

If applicable, child who is at least 18 and under 21 years of age, has agreed (stipulated to the terms of this judgment): (sign only your name)

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

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_, (date)  
by \_\_\_\_\_ (name of person(s)).

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_

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

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to \_\_\_\_\_ for assistance in preparing this form.

**Submitted by:**

\_\_\_\_\_  
 Co-Petitioner, Signature Print Name

\_\_\_\_\_  
Address or Contact Address City, State, Zip Telephone or Contact Telephone

\_\_\_\_\_  
 Co-Petitioner, Signature Print Name

\_\_\_\_\_  
Address or Contact Address City, State, Zip Telephone or Contact Telephone

**I certify that this is a true copy:**

\_\_\_\_\_  
 Co-Petitioner Signature