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

In the Matter of ☐ the Marriage of:	)	
	)	Case No. _____
_____,	)	
Petitioner,	)	RESPONSE ☐ and COUNTERCLAIM
	)	
and	)	FILING FEES AT ORS 21.155 (MARRIAGE) AND
	)	ORS 21.135 (RDP)
	)	
_____,	)	CLAIM ☐ SUBJECT ☐ NOT SUBJECT TO
Respondent.	)	MANDATORY ARBITRATION

1. Respondent appears and agrees with the Petition for Dissolution filed in this case, except for the following paragraph(s): _____

_____

_____

_____

_____

☐ Additional page attached, labeled "Paragraph 1 continued."

2. Respondent makes the following counterclaim(s):

(a) _____

_____

_____

_____

(b) _____

_____

_____

_____

(c) _____

_____

_____

_____

(d) _____

_____

_____

_____

☐ Additional page attached labeled "Counterclaims, continued".

3. **Child Support:**

☐ Social Security or apportioned Veterans' benefits are paid to or on behalf of the child[ren] in the amounts listed below as a result of my disability or retirement, and I request that child support be reduced dollar for dollar.

Child's Name: _____ Amount of Benefit received by child: $_____
Child's Name: _____ Amount of Benefit received by child: $_____
Child's Name: _____ Amount of Benefit received by child: $_____

☐ Survivors' and Dependents' Educational Assistance under 38 USC chapter 35 is paid to or on behalf of the child[ren] in the amounts listed below as a result of my disability or retirement, and child support must be reduced dollar for dollar.

Child's Name: _____ Amount of monthly assistance received: $_____
Child's Name: _____ Amount of monthly assistance received: $_____
Child's Name: _____ Amount of monthly assistance received: $_____

4. ***(Optional)*** **Exception to Income Withholding of Child Support:** Respondent requests an exception to the income withholding requirement of ORS 25.378 as follows:

☐ Allowing payment to be made by electronic funds transfer (EFT) to the Department of Justice *(this option is the only one permitted if support enforcement services are being provided to either party).*

☐ Allowing payment to be made directly to ☐ Petitioner's ☐ Respondent's checking or savings account *(this option is allowed only if support enforcement services are not being provided to either party)*. A receipt of deposit should be kept by the parent paying support as proof of payment. The parent receiving support should provide the paying parent with current deposit slips and/or bank name, account name, and account number.

State facts in support of your request for an exception to income withholding: _____
_____
_____

5. **Information Required by the Uniform Child Custody Jurisdiction and Enforcement Act.**

Starting with the child/ren's current address/whereabouts, list the places where the minor child/ren of the parties has/have lived in the last five years and the names and current addresses of the persons they lived with at that time.

Dates	County, State	Parent(s)/Caretaker	Current Address or Contact Address of Parent/Caretaker	Which Children

☐ Additional page attached, labeled "Paragraph 5-UCCJEA Information Continued".

I ☐ have ☐ have not participated in any litigation concerning the custody, visitation, parenting time or placement of the child/ren in this or any other state. I have participated in the following litigation:

Name of Court	State	Case No.	Date	Result

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

☐ except for: _____

_____

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

I do not know any person other than my spouse/partner who has physical custody of the child/ren or who claims to have custody, visitation or parenting time rights ☐ except for: _____

_____

_____

(*list name and address*)

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.

STATE OF OREGON)
) ss.
County of _____)

I, _____, being duly sworn, say that I am the respondent in this matter, and that the statements in this Response are true and correct to the best of my knowledge.

_____

Signature Print Name

_____

Contact Address City, State, Zip 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:

_____

Respondent, Signature