

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

In the Matter of: _____)

_____)

Petitioner,)

and)

_____)

Respondent.)

Case No. _____

PETITIONER'S RESPONDENT'S
AFFIDAVIT RESPONDING TO

MOTION TO MODIFY JUDGMENT RE:

CUSTODY

PARENTING TIME

CHILD SUPPORT

STATE OF _____)

) ss.

County of _____)

I, Petitioner Respondent, being first duly sworn, say that the following is true: I make this affidavit to respond to the motion to modify that has been filed.

1. I **disagree** with the following request(s) made by the other party as follows:

a. I disagree with the request to change custody of the minor child/ren because: _____

b. I disagree with the request to change the current court-ordered parenting time because: _____

c. I disagree with the request to terminate Petitioner's Respondent's child support obligation because: _____

d. I disagree with the request to require Petitioner Respondent to pay child support in the amount of \$ _____ per month beginning _____, 20____, because: _____

e. I disagree with the request to require Petitioner and/or Respondent to maintain the following **private** health care coverage throughout the period of the support obligation for the benefit of the parties' child/ren (*describe type/s of coverage*): _____

because: _____

PETITIONER'S RESPONDENT'S AFFIDAVIT RESPONDING TO MOTION TO MODIFY JUDGMENT

Page 1 of 3

Modification-4B: Affidavit_Responding_to_Motion_to_Modify.doc (04/11)

f. I disagree with the request to require Petitioner Respondent Both Petitioner and Respondent to apply for and enroll the child/ren in **public** health care coverage if they are not currently enrolled because: _____

and I also disagree that **public** health care coverage should be maintained if the child/ren are currently enrolled or accepted for enrollment because: _____

g. I disagree with the request to require Petitioner Respondent Both Petitioner and Respondent to provide appropriate **private** health care coverage when such coverage becomes available to them through any source because: _____

h. I disagree with the request to require Petitioner to pay _____% and Respondent to pay _____% of the uninsured HEALTH, ACCIDENT, DENTAL, ORTHODONTIC, AND OPTICAL HEALTH costs incurred by the child/ren because: _____

i. I disagree with the request to require Petitioner Respondent to obtain and maintain life insurance for the benefit of the parties' child/ren throughout the period of the support obligation because: _____

j. I disagree with the request to require Petitioner Respondent Both Petitioner and Respondent to pay cash medical support to the other because: _____

k. disagree with the request that court costs and service fees be paid by Petitioner Respondent Other Each Party be responsible for paying his or her own court costs and services fees because: _____

l. Other: _____
because: _____

2. I would **agree** to the following orders: _____

3. **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 Contact Address of Parent/Caretaker	Which Children

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

Additional page attached; see section labeled "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 agency proceeding or court case which could affect this case, previously filed or currently pending in this or any other state except for: _____

(identify agency or court, case number, date filed, and kind of proceeding)

I do not know any person other than petitioner 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.

Petitioner Respondent, Signature Print Name

Contact Address City, State, Zip Contact Telephone

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

Notary Public for _____/Court Clerk
My Commission Expires: _____

I certify that this is a true copy. _____
 Petitioner Respondent, Signature

PETITIONER'S RESPONDENT'S AFFIDAVIT RESPONDING TO MOTION TO MODIFY JUDGMENT