

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

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

\_\_\_\_\_  
and  
\_\_\_\_\_  
Petitioner  
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.

The non-moving party did not file a response to the *Order to Show Cause Re: Modification*.

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 *Supplemental 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 at least one of the parties or a child receiving support under the prior judgment still reside in Oregon, **or**

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

**Custody or Parenting Time.**

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

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

*or*

Oregon does not have jurisdiction under the UCCJEA because (*explain*): \_\_\_\_\_

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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 and years of birth*) \_\_\_\_\_

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

b)  Parenting Time is changed  according to the attached Parenting Plan, labeled Exhibit 1, **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: \_\_\_\_\_  
\_\_\_\_\_

**Relocation**

Neither parent may move 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 relocation is suspended for good cause.

**Contact Information**

Petitioner and Respondent must each provide contact addresses and contact telephone numbers to the other and notify each other of any emergencies or substantial changes in the children's health.

**or**

Good cause exists to suspend the obligation of the parties to provide contact information to each other.

**3. Child Support and Medical Costs**

a)  Petitioner's  Respondent's child support obligation to children (*names and years of birth*) \_\_\_\_\_ 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:

1. **Support must be paid:**

**by**  Petitioner  Respondent

**to**  Petitioner  Respondent  Adult Child Attending School

**on** the  first *or*  \_\_\_\_\_ day of each month

**beginning**  the month following entry of this judgment, **or**

Other 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*: \_\_\_\_\_

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**or**

2.  **No support** is ordered (*explain*):

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

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

**or**

2)  **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 (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.

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*) \_\_\_\_\_

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### **Child Attending School**

If support for an Adult Child Attending School, as defined by ORS 107.108, is collected by the State, it must be paid by the Division of Child Support directly to the child, unless good cause exists for payment to be made another way.

GOOD CAUSE exists not to pay support directly to the Adult Child Attending School.

Payments must be made to  Petitioner  Respondent in the amount of

\$ \_\_\_\_\_ per month, on behalf of the child.

### **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:**

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

- The support ordered above for each child shall continue until the child reaches eighteen (18) years of age.
- The support ordered above 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.

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.*

**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.

f) **Life Insurance**

Petitioner  Respondent must carry life insurance on him/herself 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.

**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.

g) **Medical Costs**

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

**1. Private Health Insurance**

**Is** appropriate and available to (*check one or both*)

Petitioner  Respondent, **and**

Both parents have agreed to provide coverage **or**

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

**or**

**Is not** appropriate or available to either parent.

The parent awarded custody must enroll the children in public health insurance until private health insurance becomes available, **and**

The first parent with access to appropriate private health insurance for the children is ordered to provide it.

**2. Cash Medical Support**

Cash Medical Support **is** ordered in the amount of \$\_\_\_\_\_ per month, because no private health insurance is 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.

The paying parent is ordered to provide Cash Medical Support only when not providing private health insurance for the children.

**or**

- Cash Medical Support **is not** ordered because:
- One of the parties maintains **private** health care coverage.
  - Support is presumed to be unavailable for the reason marked above.
  - 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 private health insurance within **10 days** of the change if collection services are provided by DCS.

h) **Uninsured Medical Expenses**

- Orders regarding uninsured medical expenses are terminated.

**or**

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.

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

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**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: \_\_\_\_\_

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**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\***     Support Obligation included

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

Additional information	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> _____ _____ is a judgment creditor on this judgment Adult child's lawyer's name, address, phone #: _____ _____
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<b>The following information must be provided by any party entitled to receive a money award as listed in this Judgment</b>	
	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: _____ _____
Respondent	<input type="checkbox"/> None or <input type="checkbox"/> Name: _____ _____
Adult Child Name: _____	<input type="checkbox"/> None or <input type="checkbox"/> Name: _____ _____

Type of Judgment		Amount	Beginning / Ending
<input type="checkbox"/> Child Support	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____ per month for cash <b>child support.</b>  \$ _____ per month for <b>medical support.</b>	Beginning: <input type="checkbox"/> the first <i>or</i> <input type="checkbox"/> _____ day of the month following entry of this judgment <i>or</i> <input type="checkbox"/> the date of service of the <i>Petition (date)</i> _____ <i>or</i> <input type="checkbox"/> Other _____  and due on the same day of each month thereafter  Ending when the last child turns <input type="checkbox"/> 18 <i>or</i> <input type="checkbox"/> 21 (if the child remains a Child Attending School)  Nine percent (9%) per annum simple interest will accrue on any unpaid installments as they become due.
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Adult Child		
<input type="checkbox"/> Spousal/ Partner Support	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____ per month	Beginning: <input type="checkbox"/> the first <i>or</i> <input type="checkbox"/> _____ day of the month following entry of this judgment <i>or</i> <input type="checkbox"/> the date of service of the <i>Order to Show Cause</i> <i>(date)</i> _____ <i>or</i> <input type="checkbox"/> Other _____ and due on the same day of each month thereafter  Ending the earlier of: <i>(date)</i> _____ <i>or</i> the death of either party

	<b>WHO RECEIVES</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	<b>or</b>	
		A lump sum of \$ _____	Paid by (date): _____
<input type="checkbox"/> Prejudgment Interest	<b>WHO PAYS</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____	
	<b>WHO RECEIVES</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent		
<input type="checkbox"/> Postjudgment Interest	<b>WHO PAYS</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	9% per year simple interest on the unpaid balance of the total judgment amount of \$ _____	Interest accrues from the date the judgment is entered and continues until the judgment is fully paid
	<b>WHO RECEIVES</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent		
<input type="checkbox"/> Court Costs and Service Fees already PAID	<b>WHO PAYS</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Checked party reimburses the other party's costs and fees of: \$ _____ Directly to the awarded party.	
<input type="checkbox"/> Court Costs and Service Fees DEFERRED	<b>WHO PAYS</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Checked party must pay deferred costs and fees of: \$ _____ 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 (1)(c) because the other party has been found in **default** or an order of default is being requested with this proposed judgment; because 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

**Certificate of Document Preparation.** Check all that apply:

I chose this form for myself and completed it without paid help

A legal help organization helped me choose or complete this form, but I did not pay money to anyone

I paid (or will pay) \_\_\_\_\_ for help choosing, completing, or reviewing this form

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner, Name (printed)

Respondent stipulates (agrees) to the terms of this judgment

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respondent, Name (printed)

**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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*If parties have agreed to a change in **parenting time** AND you did not have a hearing, this form **MUST BE NOTARIZED** or sworn before a clerk of the court.*

The parents have agreed (stipulated) to the changes to parenting time as indicated by their signatures below

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner, Name (printed)

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name)

\_\_\_\_\_  
Signature of notarial officer

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Title (and rank, if military officer)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respondent, Name (printed)

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name)

\_\_\_\_\_  
Signature of notarial officer

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Title (and rank, if military officer)

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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).

Check here:  if you are requesting only accounting and disbursement services and not enforcement services.

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.)

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date