

(modifications continued)

Additional page attached, labeled "Modifications to Parenting Plan Continued"

2. Petitioner Respondent shall be required to attend the following counseling or education sessions: _____

3. Spousal support shall be ___ terminated ___ suspended ___ modified as follows: _____

4. Child support shall be ___ terminated ___ suspended ___ modified as follows: _____

5. Petitioner Respondent shall be required to post bond or security as follows: _____

6. Other: _____

7. Petitioner Respondent shall be awarded reasonable attorney fees, filing fees, court costs, service fees, other: _____ incurred in enforcing the parenting plan (see also provisions for court costs and fees below).

If Court Costs and Fees were Deferred: (please check the boxes below that apply)

Petitioner Respondent shall be liable for one-half all the filing fees, court costs, service fees other: _____ that were deferred.

The State of Oregon shall have judgment against Petitioner Respondent for one-half all the filing fees/court costs other: _____ that were deferred.

If Court Costs and Fees were Paid by the Parties: (please check the boxes below that apply)

Petitioner Respondent shall be liable for one-half all the filing fees, court costs, service fees, other: _____ that have been paid in this suit, and judgment shall be entered accordingly.

Information Required by ORS 25.020 and ORS 107.085.

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.

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.

Otherwise:

	Petitioner	Respondent
Full Name		
Former Legal Name(s)	Information separately provided in UTCR 2.130 CIF.	Information separately provided in UTCR 2.130 CIF.
Age		
Address or Contact Address		
Telephone Number		
Social Security Number	Information separately provided in UTCR 2.130 CIF.	Information separately provided in UTCR 2.130 CIF.
Driver License Number	Information separately provided in UTCR 2.130 CIF.	Information separately provided in UTCR 2.130 CIF.
Employer Name, Address and Number	Information separately provided in UTCR 2.130 CIF.	Information separately provided in UTCR 2.130 CIF.

Date of marriage/domestic partnership: _____.

Place of marriage/domestic partnership: _____.

Money Award. Child Support Obligation included not included.

	JUDGMENT CREDITOR (This is the party receiving payment from Judgment Debtor) <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	JUDGMENT DEBTOR (This is the party required to pay Judgment Creditor) <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Full Name		
Address or Contact Address		

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Attorney's Name, Telephone Number and Address		
The following information is required ONLY for the party designated as the "Judgment Debtor" above.		
Year of Birth		
Last Four Digits of Social Security Number		
Last Four Digits of Driver License Number and State of Issuance		
The following information is to be provided by the party designated as the "Judgment Creditor" above.		
Others Entitled to Portions of Judgment	The following person(s) or public bod(ies) are known by judgment creditor to be entitled to a portion of a payment made on the judgment (other than the judgment creditor's attorney): <input type="checkbox"/> None or <input type="checkbox"/> _____	
Type of Judgment		Amount of Judgment
Child Support Award	Who Pays: <input type="checkbox"/> _____	1. \$_____ <input type="checkbox"/> per month, starting on the <input type="checkbox"/> first day of the month following the date of the judgment, or (date) _____, and continuing per the terms of paragraph four (4) above. 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, or (date) _____, lasting until (date) _____, or the death of either party, whichever comes first; or 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"/> _____	

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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"/> _____	_____ percent (__ %) per annum simple interest on the total judgment amount(s) of \$ _____. Interest begins accruing on the date the judgment is entered until fully paid.
	Who Receives: <input type="checkbox"/> _____	
Accrued Arrears (if any, on judgments to be paid on a periodic basis)	Who Pays: <input type="checkbox"/> _____	1. \$ _____ 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; or 2. A lump sum payment of \$ _____ to be paid by: _____ (date).
	Who Receives: <input type="checkbox"/> _____	
Costs and Service Expenses (e.g., filing fees, hearing fees, trial fees, process fees)	Who Pays: <input type="checkbox"/> _____ <input type="checkbox"/> _____	\$ _____
	Who Receives: <input type="checkbox"/> State of Oregon <input type="checkbox"/> _____	
Attorneys Fees (if any)	Who Pays: <input type="checkbox"/> _____	\$ _____
	Who Receives: <input type="checkbox"/> _____	

DATED this _____ day of _____, 20_____.

 Circuit Court Judge

 Print Name

