



6. 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/Contact Address of Parent/Caretaker	Which Children

Additional page attached

7. 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. If "yes," I have participated in the following litigation:

Name of Court	State	Case No.	Date	Result

8. 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 the kind of proceeding)*

9. I do not know any person other than the other parent 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)*

10. There  are  are not any other custody, parenting time, visitation or restraining orders affecting the child/ren. I have attached copies of any existing orders to this affidavit.

**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.

DATED \_\_\_\_\_, 20\_\_\_\_.

<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent, Signature	Print Name
Address or Contact Address	City, State, Zip Telephone or 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

**AFFIDAVIT IN SUPPORT OF MOTION FOR POST-JUDGMENT TEMPORARY STATUS QUO ORDER UNDER ORS 107.138 - Page 2 of 2**