



5.  We want to change SPOUSAL SUPPORT because of a change of circumstances since the last support order. The change of circumstances is as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. UCCJEA Information.**

a. Check the appropriate box below ONLY IF Oregon is the state that issued the order or judgment sought to be modified:

The child/ren has/have continuously resided in Oregon for six months before this case was filed;

OR

Other basis for Oregon jurisdiction: \_\_\_\_\_

b. Check the appropriate box below ONLY IF Oregon is NOT the state that issued the order or judgment sought to be modified:

Neither the child/ren nor the parents presently reside in \_\_\_\_\_ (name the state that issued the order or judgment sought to be modified, if not Oregon).

Other basis for Oregon jurisdiction: \_\_\_\_\_

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

Additional page attached; see section labeled “Paragraph 5 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

7. 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)*

8. 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)*

**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.

**We hereby declare that the above statements are true to the best of our knowledge and belief, and that we understand it is made for use as evidence in court and are subject to penalty for perjury.**

\_\_\_\_\_  
 Petitioner Signature                      Print Name

\_\_\_\_\_  
Contact Address                      City, State, Zip                      Contact Telephone

\_\_\_\_\_  
 Respondent Signature                      Print Name

\_\_\_\_\_  
Contact Address                      City, State, Zip                      Contact Telephone

**I certify that this is a true copy.**

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