

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

In the Matter of  the Marriage of: )  
 )  
\_\_\_\_\_, ) Case No. \_\_\_\_\_  
 )  
Petitioner, ) RESPONSE  and COUNTERCLAIM  
 )  
and )  
 ) FILING FEES AT ORS 21.155(3)  
 ) (PROCEEDING UNDER ORS 109.103)  
 )  
\_\_\_\_\_, )  
Respondent. ) CLAIM  SUBJECT  NOT SUBJECT TO  
 ) MANDATORY ARBITRATION

1. Respondent appears and agrees with the Petition for Custody, Parenting Time and Child Support filed in this case, except for the following paragraph(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional page attached labeled "Paragraph 1, continued."

2. Respondent makes the following counterclaim(s):

(a) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(d) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional page attached labeled "Counterclaims, continued".

3. **Child Support:**

Social Security or apportioned Veterans' benefits are paid to or on behalf of the child[ren] in the amounts listed below as a result of my disability or retirement, and I request that child support be reduced dollar for dollar.

Child's Name: \_\_\_\_\_ Amount of Benefit received by child: \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_ Amount of Benefit received by child: \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_ Amount of Benefit received by child: \$ \_\_\_\_\_

Survivors' and Dependents' Educational Assistance under 38 USC chapter 35 is paid to or on behalf of the child[ren] in the amounts listed below as a result of my disability or retirement, and child support must be reduced dollar for dollar.

Child's Name: \_\_\_\_\_ Amount of monthly assistance received: \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_ Amount of monthly assistance received: \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_ Amount of monthly assistance received: \$ \_\_\_\_\_

4. **(Optional) Exception to Income Withholding of Child Support:** Respondent requests an exception to the income withholding requirement of ORS 25.378 as follows:

Allowing payment to be made by electronic funds transfer (EFT) to the Department of Justice (*this option is the only one permitted if support enforcement services are being provided to either party*).

Allowing payment to be made directly to  Petitioner's  Respondent's checking or savings account (*this option is allowed only if support enforcement services are not being provided to either party*). A receipt of deposit should be kept by the parent paying support as proof of payment. The parent receiving support should provide the paying parent with current deposit slips and/or bank name, account name, and account number.

State facts in support of your request for an exception to income withholding: \_\_\_\_\_

5. **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 Address or 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 court case which could affect this case, pending in this or any other state

except for: \_\_\_\_\_

*(identify court, case number and kind of proceeding)*

I do not know any person other than my spouse/partner 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.

STATE OF OREGON )  
 ) ss.  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, say that I am the respondent in this matter, and that the statements in this Response are true and correct to the best of my knowledge.

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

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

SIGNED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_

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

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