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

_____ Case No. _____
Plaintiff/Petitioner,

and

CERTIFICATE OF READINESS
(UTCR 5.100)

_____
Defendant/Respondent.

I certify this proposed order or judgment is ready for judicial signature because (*check all that apply*):

1. [ ] 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/order; because this judgment/order is submitted **ex parte** as allowed by statute or rule; or this judgment/order is being submitted in **open court** with all parties present.
2. [ ] Each opposing party affected by this order or judgment has stipulated to the order or judgment, as shown by each opposing party's signature on the document being submitted.
3. [ ] Each opposing party affected by this order or judgment has approved the order or judgment, as shown by signature on the document being submitted or by written confirmation of approval sent to me.
4. [ ] I have served a copy of this order or judgment on all parties entitled to service and:
   [ ] No objection has been served on me.
   [ ] I received objections that I could not resolve with the opposing party despite reasonable efforts to do so. I have filed a copy of the objections I received and indicated which objections remain unresolved.
   [ ] After conferring about objections,_____, agreed to independently file any remaining objection.
5. [ ] The relief sought is against an opposing party who has been found in default.
6. [ ] An order of default is being requested with this proposed judgment.
7. [ ] Service is not required pursuant to subsection (3) of this rule, or by statute, rule, or otherwise.

Certificate of Service under UTCR 5.100 (if applicable)
I certify that on *(date)*_____: I placed a true and complete copy of this proposed *Judgment/order* in the United States mail to *(name)* _____
at *(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.

Date: _____

_____
[ ] Attorney/Plaintiff/Petitioner [ ] Attorney/Defendant/Respondent Signature Print Name

_____
Contact Address City, State, Zip Code Contact Telephone