

NOW, THEREFORE, IT IS HEREBY ORDERED:

The parenting plan currently in effect shall be modified in accordance with the following:

_____ shall be required to attend the following counseling or education sessions: _____

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

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

_____ shall be required to post bond or security as follows: _____

The requested relief is denied.

Other: _____

Petitioner (or) 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 (or) Respondent shall be liable for all the filing fees, court costs, service fees

other: _____ that were deferred.

Petitioner (or) Respondent shall each be liable for one half 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, service fees 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)	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Age		
Address or Contact Address		
Telephone Number		
Social Security Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Driver License Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Name	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Address	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).

Employer Telephone	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
--------------------	---	---

Additional page labeled "Required Information continued" attached.

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		
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	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	Amount of Judgment
Child Support Award			1. \$ _____ <input type="checkbox"/> per month or <input type="checkbox"/> Other: _____, starting on the <input type="checkbox"/> first day or <input type="checkbox"/> Other: _____ of the month following the date of the judgment
Spousal Support Award			1. \$ _____ <input type="checkbox"/> per month or <input type="checkbox"/> Other: _____, starting on the <input type="checkbox"/> first day or <input type="checkbox"/> Other: _____ of the month following the date of the judgment, lasting until _____ (date), or the death of either party, whichever comes first; or 2. A lump sum payment of \$__ to be paid by (date): _____
Prejudgment Interest (Note: ORS 21.607(1) disallows interest on fees that have been deferred.)			\$ _____
Postjudgment Interest (Note: ORS 21.607(1) disallows interest on fees that have been deferred.)			_____ 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.

Accrued Arrears (if any, on judgments to be paid on a periodic basis)			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).
Costs and Service Expenses (e.g., filing fees, hearing fees, trial fees, process fees)			\$_____
Attorneys Fees (if any)			\$_____

DATED this _____ day of _____, 20_____.

Circuit Court Judge

Print Name

Certificate of Readiness

This proposed judgment is ready for judicial signature because (*check all that apply*):

Service is not required under UTCR 5.100 because the other party has been found in **default** or an order of default is being requested with this proposed judgment; because this judgment is submitted **ex parte** as allowed by statute or rule; or this judgment is being submitted in **open court** with all parties present.

Each party affected by this judgment has **stipulated** to or approved the judgment, as shown by the signatures on the judgment.

I have **served** a copy of this judgment and written notice of the 7-day objection period set out in UTCR 5.100 on all parties entitled to service (*complete service information below*). **And:**

No objection has been served on me within that time frame.

I received objections that I could not resolve with the other party despite reasonable efforts to do so. I have filed with the court a copy of the objections I received and indicated which objections remain unresolved.

After conferring about objections, the other party agreed to file any remaining objection with the court.

Certificate of Service under UTCR 5.100

I certify that on (*date*): _____ I placed a true and complete copy of this proposed
Judgment in the United States mail to (*name*) _____ at (*address*) _____

Submitted by: Petitioner Respondent

Signature

Print Name

Certificate of Document Preparation. Check all that apply:

- I chose this form for myself and completed it without paid help
 A legal help organization helped me choose or complete this form, but I did not pay money to anyone
 I paid (or will pay) _____ for help choosing, completing, or reviewing this form

I understand that I am subject to penalty for perjury for giving false information to the court. All factual information in this Judgment is true to the best of my knowledge and belief. I agree to the terms of this Judgment. I understand that this Judgment is enforceable by the court.

Petitioner, Signature

Date

Petitioner, Name (printed)

Respondent stipulates (agrees) to the terms of this judgment

Respondent, Signature

Date

Respondent, Name (printed)