

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

In the Matter of:	)	
	)	Case No. _____
_____	)	
Petitioner,	)	UTCR 2.100 AFFIDAVIT WITH
	)	REQUEST TO SEGREGATE
and	)	SOCIAL SECURITY NUMBERS ONLY
	)	(SHORT FORM)
_____	)	
Respondent.	)	

By this affidavit under UTCR 2.100 and as required by ORS 107.840, I request that the social security number/s in the attached "Segregated Information Sheet" be segregated (kept separate) from information that the general public can see. The social security numbers that I request be segregated are as follows:

A. Protected Personal Information	B. Legal Authority
<input type="checkbox"/> Petitioner's Social Security Number	ORS 107.840
<input type="checkbox"/> Respondent's Social Security Number	ORS 107.840
<input type="checkbox"/> Child/ren's Social Security Number/s, if applicable	ORS 107.840

I have mailed or delivered copies of this request (**not including the attached information sheet**) to the opposing party in this matter.

**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.

I knowingly give the information in this affidavit and the attached information sheet under an oath or affirmation attesting to the truth of what is stated and subject to sanction by law if I knowingly provide false information to the court.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

OSB # (if applicable): \_\_\_\_\_ Type or Print Name: \_\_\_\_\_

