APPENDIX OF FORMS

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:

A. [ ] I selected this document for myself, and I completed it without paid assistance.

B. [ ] I paid or will pay money to _____ for assistance in preparing this form/document.

_____
(Signature)

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____COUNTY
_____ Division - _____
(court's address and phone number)

Case name:	)	CASE No. _____
_____	)	
Plaintiff Name	)	**UTCR 2.100 AFFIDAVIT,**
v.	)	**REQUEST TO SEGREGATE PROTECTED**
_____	)	**PERSONAL INFORMATION FROM**
1ST Defendant Name	)	**CONCURRENTLY FILED DOCUMENT**

IMPORTANT NOTE TO PERSON COMPLETING THIS AFFIDAVIT: Except as specifically ordered by a court, this affidavit and UTCR form 2.100.4b **cannot be used for contact information** (addresses, telephone numbers, employer identification, and similar information that can be used to contact someone, *see UTCR 2.100*). The type of information that can be protected by this form is limited to what is listed in UTCR 2.100.

To the court: By this affidavit under UTCR 2.100, I request that the protected personal information in the form attached to this affidavit be segregated from information that the general public can see in the case noted above.

The protected personal information I request to be segregated is as follows:

A. The following is a **general** description of the protected personal information (*example description "my social security number" or "parent's bank account number"*). ***Do not include specific protected personal information here.***	B. The following is the legal authority by which I believe this information may be exempt from public inspection (*cite to statute, rule, case, etc.). Row numbers correspond to those in column A. Add rows in both columns as necessary.*
1.	1.
2.	2.
3.	3.
4.	4.

PERSON MAKING REQUEST MUST COMPLETE ALL THE FOLLOWING AS INDICATED:

1. *(Initial to confirm)* _____ The specific protected personal information described above is provided on the attached UTCR 2.100 segregated information sheet.

2. *(Initial to confirm)* _____ I have segregated the information described above from another document or form that I am submitting at the same time, (*describe document or form*) ____ _____ , to keep the protected information from being available to the general public. I appropriately noted in that other document the places where information has been provided in the attached information sheet rather than in that document. (*No fee is charged when information is segregated at time of submission.)*

3. I (*initial one)* _____ have OR ____ have not attached a self-addressed, stamped postcard with language required by UTCR 2.100 so that the court can inform me of its response to this request.

4. *(Initial to confirm)* _____ I understand that while the protected personal information may be withheld from the general public if this request is granted, it may still be available to some persons and government agencies as described in UTCR 2.100.

5. *(Initial to confirm, "na" if not applicable)* _____ If this document was prepared by someone who is not an attorney, I have attached a completed document preparation certification that applies to both this affidavit and the attached form as required by UTCR 2.010(7).

6. *(Initial to confirm)* _____ I have mailed or delivered copies of this request (*not including the attached UTCR Form 2.100.4b and its attachments*) to people required by UTCR 2.080.

I knowingly give the information in this affidavit, the attached information sheet, and any attachments to the 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 _____

For office use:

Request _____ granted OR _____ denied (*state reason*) _____
_____.

Date: _____

TRIAL COURT ADMINISTRATOR
By_____

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____COUNTY
_____Division - _____
(court's address and phone number)

Case name: _____ Plaintiff Name	)	CASE No. _____
v.	)	**UTCR 2.100 SEGREGATED INFORMATION SHEET**
_____ 1ST Defendant Name	)	

ATTENTION COURT STAFF: **Except as your trial court administrator tells you otherwise, this sheet and its attachments are:**

- **to be separated from the attached affidavit, and**
- **NOT to be placed in any court file where they can be seen by the public, and**
- **NOT to be provided to any member of the public to see or copy**.

PLEASE follow UTCR and Judicial Department instructions for protecting information on this form. Ask your trial court administrator if you have questions.

The requestor MUST complete all of the following information:

1. Requestor information:
   Name:
   Address:
   Telephone number:
   Other contact information:
   Relationship to case:

2. Protected personal information that is segregated:

Row number used to identify on affidavit	**General** description of the protected personal information (*same as on affidavit*)	Relates to (*Person's name*)	The following is the specific Protected Personal Information to be segregated (*give the specific fact, i.e. social security number, etc., that is being protected).* This can be a reference to an attachment. **Do not use for contact information** (*addresses, telephone numbers, employer identification, and similar information that can be used to contact someone*) unless specifically ordered by a court. The type of information that can be protected by this form is limited to what is listed in UTCR 2.100. Add rows as necessary.

3. There are attachments to this information sheet: ____ Yes ____ No
   If so, how many pages _____

For Office use:

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____COUNTY
_____Division - _____
(court's address and phone number)

Case name:	)	CASE No. _____
_____	)	
Plaintiff Name	)	**REQUEST TO INSPECT UTCR 2.100**
v.	)	**SEGREGATED INFORMATION SHEET**
_____	)	
1st Defendant Name		

By this form, I request to see or obtain a copy of part or all of a UTCR 2.100 Segregated Information Sheet (SIS) that is being withheld from the public. I have completed this form to provide the information the court requires of me to make this request. I understand the court will not automatically grant this request but will use applicable law to decide whether I have a right to see or copy the information I request. I understand this request will be a public record whether or not granted.

1. Information about me:

a. My Name: _____
b. My Address: _____
c. My Telephone number: _____
d. Other contact information for me: _____
e. I believe I have a legal right to see the information because (*explain reasons*): _____
_____

2. To identify the UTCR 2.100 Segregated Information Sheet (SIS) I am requesting:

a. Name of person who submitted affidavit for SIS: _____
b. Date affidavit submitted: _____
c. Description of document from which information is segregated: _____
d. General description(s) of protected personal information I am requesting to see (*use same general description as on affidavit in file*): _____
e. Row number(s) of description of this information on affidavit: _____
f. Name of person to whom information relates (*if known*): _____
g. The affidavit for the SIS shows that the SIS includes other information I am not requesting to inspect or copy (*check one)* ____ Yes OR ____ No. *(If Yes, this other information will be redacted)*

3. Confirming additional requirements completed:

a. *(Initial to confirm, "na" if not applicable)* _____ If this document was prepared by someone who is not an attorney, I have attached a completed document preparation certification that applies to both this affidavit and the attached form as required by UTCR 2.010(7).

b. *(Initial to confirm)* _____ I have mailed or delivered copies of this request to the following people required by UTCR 2.080, *(List names)* _____ .

c. *(Initial to confirm)* _____ I understand that I will be responsible for any costs resulting from the court responding to this request except those costs for which I have obtained a waiver, and will advance money to cover those costs if requested by the court.

I knowingly give the information in this request 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 _____

For Office use:

Request to inspect ____ granted OR ____ denied (*state reason*) _____
Related comments: _____

Date: _____

TRIAL COURT ADMINISTRATOR
By _____

IN THE _____ COURT OF THE STATE OF OREGON
FOR THE COUNTY OF _____

_____	)	
_____,	)	
Plaintiff,	)	CIVIL CASE NO. _____
	)	
v.	)	STATEMENT FOR
	)	ATTORNEY FEES FOR
_____	)	(PLAINTIFF/DEFENDANT)
_____,	)	JUDGE _____
Defendant.	)	

STATE OF OREGON)
) ss.
County of _____)

The undersigned attorney represents to the Court, under penalties of perjury, the following facts offered in support of an award of reasonable and necessary attorney fees are true:

1. Plaintiff/Defendant is entitled to recover attorney fees pursuant to the following facts, statute or rule:
_____
_____

2. The number of hours and services rendered in this matter for each attorney, clerk, and legal assistant and the hourly rates for each are set forth in detail in Exhibit "1" attached. Exhibit "1" is summarized as follows:

Name	Position	Hourly Rate	Number of Hours	Fees

3. Plaintiff/Respondent is entitled to the recovery of $_____ for costs as authorized by _____ _____ [cite ORCP 68A(2) and/or other authority]. As explained in Exhibit _____, such costs are billed directly to the client and are not overhead expenses already reflected in the hourly rate or fee.

4. Exhibit _____ sets forth the specific basis for the award and amount of fees as required by ORS 20.075.

5. In anticipation of efforts that will be spent in postcollection proceedings, plaintiff/defendant seeks the additional sum of $_____ as explained more fully in Exhibit _____ attached.

6. Based on the above, plaintiff/defendant is entitled to an award of reasonable and necessary attorney fees in the sum of $_____.

DATED this _____ day of _____, 20___.

_____
_____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20___.

_____
Notary Public for Oregon
My commission expires: _____

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

In the Matter of:	)	
	)	
_____,	)	Circuit Court No. _____
Petitioner,	)	
	)	Uniform Support Affidavit of:
AND	)	❑ Petitioner
	)	❑ Respondent ❑ Co-petitioner
_____,	)	(Child or Spousal Support Case)
Respondent.	)	

This form is a SWORN AFFIDAVIT (under oath) required for support determinations. It must be signed before a notary public, filed with the court, and served upon the other party (or their attorney). If no party seeks spousal support or a deviation (change) from the uniform child support guidelines, you need only complete the affidavit (pages 1 through 6) and any attachments requested on those pages. If any party seeks either spousal support or any deviation (change) from the uniform child support guidelines, you must complete not only the Affidavit (pages 1 through 6) and any attachments requested on those pages, but also the attached "Schedule 1 - Monthly Expenses and Rebutting Factors Required." In addition, certain documentation MUST be attached as indicated on page 2.

STATE OF OREGON)
) ss.
County of _____)

I, _____, being first duly sworn under oath, depose and say that I am the _____ in the above-entitled matter and that the following are true to the best of my knowledge and belief:

1. Your Age: _____ Date of Birth: _____ Social Security No.: File under UTCR 2.100
2. Residence Address: _____
3. Name of Employer & Address: _____
4. Occupation: _____ Title: _____
5. Length of Employment: _____
6. Children born of or adopted during this relationship:

		Child living with:		
Name of Child	Age	Me	Other Parent	Other

7. List all people living in your household (other than children named in item 6 above):

Name	Age	Relationship to You	Monthly Income

8. List your other dependents or children not listed in items 6 or 7 above:

Name	Age	Relationship to You	Monthly Income

9. ENTER THE FOLLOWING INFORMATION FROM SCHEDULES INDICATED:
   A. TOTAL GROSS INCOME (From page 3, item 16.D.) :_____
   B. TOTAL EXPENSES OF CHILDREN (From Schedule 1, item 1.) :_____
   C. TOTAL MONTHLY EXPENSES (From Schedule 1, item 6.) :_____

10. (a) Are you or your present spouse entitled to receive **court-ordered** child support for any children now living with you? YES ❑ NO ❑ If "YES," complete the following and **ATTACH A COPY OF ALL SUCH CHILD SUPPORT ORDERS**.

Name of Child	Age	Relation to You	Support Amount

(b) Are those support payments being made? YES ❑ NO ❑

11. Are you required to pay a court-ordered child support obligation for a child of yours who is not listed in item 6 above? YES ❑ NO ❑ If "YES," complete the following and **ATTACH A COPY OF ALL SUCH CHILD SUPPORT ORDERS**.

Name of Child	Age	Name of Recipient	Monthly Support Amount

12. Are you ordered to pay or entitled to receive court-ordered **spousal** support? YES ❑ NO ❑ If "YES," complete the following and **ATTACH A COPY OF ALL SUCH SPOUSAL SUPPORT ORDERS**.

Owed To	Paid By	Monthly Support Amount

Owed Until: _____ (Date or Event): _____

13. Are you incurring child care costs on behalf of the children listed in item 6 above? YES ❑ NO ❑ If "YES," complete the following and **attach documentation** verifying the information provided below:

Name of Child	Day-care Provider and Address	Monthly Cost (gross amount before application of any tax credit or subsidy)

14. Do you receive any subsidy for such care? If so, amount $_____ per month.

15. **MEDICAL AND DENTAL ELECTIONS**--The child support recipient may elect to require the support payor to name the child(ren) as the beneficiary on a health/dental insurance plan. If so elected, the child support may be adjusted by an amount equal to all or a portion of the cost to parent who provides the child's(ren's) portion of the health/dental insurance premium. Please choose:

❑ I wish to require health/dental insurance coverage by the other party and understand that a portion of the premium may be deducted from support.

❑ I do not wish to require health/dental insurance coverage by the other party.

❑ I provide health/dental insurance through my employer; see page 4, item 18, of this schedule, for information.

ATTACHMENTS

REQUIRED

❑ Last four (4) payroll stubs.

❑ Most recent federal and state income tax return.

❑ Copies of any and all relevant child/spousal support orders.

OPTIONAL

❑ Child care documentation if you want this considered.

❑ Medical/dental insurance documentation.

(Income, Deductions and Medical/Dental Insurance)

You must complete and submit the following attachments. Copies of recent: (1) federal and state income tax returns, (2) last four pay stubs, and (3) if self-employed, most recent profit and loss statement.

16. Your Monthly Gross Income:

A. From Employment: If paid weekly, multiply weekly income by 4.3 to arrive at a monthly gross income and insert below. If paid every two weeks, multiple two weeks' income by 2.15 and insert below):

Description	Monthly Amount
Gross Hourly Wage: _____	
Average Number of Hours Worked Per Week: _____	
Gross Monthly Income:	_____
Gross Monthly Tips/Commissions/Bonuses (identify):	_____
SUBTOTAL: 16.A.	_____

B. From Self-Employment: If you own an interest in a partnership or in a closely held corporation, attach last year's Schedule K-1, and/or corporation federal income tax return:

Description	Monthly Amount
Gross Receipts:	_____
Expense Reimbursements:	_____
Rental Income:	_____
Royalty Income:	_____
Less Ordinary/Necessary Expenses:	(_____)
Plus Monthly Portion of Accelerated Component of any Depreciation Allowance or Investment Tax Credits:	_____
SUBTOTAL: 16.B.	_____

C. Other Sources of Income: (Please attach verification of any income available to you as listed below):

Description	Monthly Amount
Dividends:	_____
Interest Income:	_____
Trust Income:	_____
Contract Payments (less underlying debt):	_____
Annuity Income:	_____
Retirement Benefits--Pension/IRA/Keogh (nonsocial security):	_____
Social Security Income:	_____
Workers' Compensation Benefits Per Week Multiplied by 4.3 =	_____ per month
Unemployment Benefits Per Week Multiplied by 4.3 =	_____ per month
Disability Income:	_____
Gift or Prizes:	_____
Spousal Support:	_____
Expense Reimbursements and/or Per Diem Allowance (not listed in item B. above):	_____
ADC Benefits:	_____
FCAS (food stamps):	_____
Other (specify): _____	_____
SUBTOTAL: 16.C.	_____

D. Summary of Your Gross Income:

Description	Monthly Amount
Income from Employment (item 16.A. above):	_____
Self-Employment Income (item 16.B. above):	_____
Other Income (item 16.C. above): _____	

YOUR TOTAL MONTHLY GROSS INCOME: **ENTER HERE and on this Affidavit Page 1, line 9.A.** **16.D.** _____

17. Your Monthly Deductions from Gross Income:

A. Mandatory Deductions:
Number of exemptions claimed by you: _____

Description	Monthly Amount
State Income Taxes:	_____
Federal Income Taxes:	_____
Social Security (FICA):	_____
Workers' Compensation Insurance Premium:	_____
Wage Withholding, Wage Assignment or Garnishment:	_____
(Paid to: _____)	
Medical Insurance for the Parties' Joint Children if Additional Premium Total Premium _____--less cost of coverage for yourself + other dependents =	_____
SUBTOTAL OF MANDATORY: 17.A.	_____

B. Optional Deductions:

Description	Monthly Amount
Retirement/Profit Sharing:	_____
Savings Plan:	_____
Credit Union:	_____
Other:	_____
SUBTOTAL OF OPTIONAL: 17.B.	_____

C. Summary of Deductions:
Mandatory--from item 17.A. above: _____
Optional--from item 17.B. above: _____

TOTAL MONTHLY DEDUCTIONS: 17.C. _____

18. Information for Medical and Dental Insurance Coverage: (For children listed on page 1, item 6, of this Affidavit which is currently provided or available for the benefit of those children.):

❑ I provide this (complete information below)

❑ Other parent provides this (complete if known)

	HEALTH INSURANCE	DENTAL INSURANCE
Name of Insurance Company:	_____	_____
Plan or Group Name:	_____	_____
Plan/Group Number:	_____	_____
Individual I.D. Number:	_____	_____
Address for Claims Submission:	_____	_____
Phone Number for Information:	_____	_____
Amount of Annual Deductible:	_____	_____
Gross Monthly Premium Actually Paid by You (exclude amounts paid by your employer):	_____	_____
Monthly Premium to Cover Only You:	_____	_____
Dependent's Portion of Monthly Premium:	_____	_____

Are there dependents other than children on page 1, item 6, of this Affidavit enrolled with plan? YES ❑ NO ❑
If Yes, total number of other dependents: _____ | _____

I certify that my answers and the information on this affidavit and the attached schedules are true to the best of my knowledge and ability. I further certify that the information on the attached documents is true to the best of my knowledge and ability. DATED this _____ day of _____, 20____.

_____
Name

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 20____.

_____
Notary Public for Oregon
My Commission Expires: _____

SCHEDULE 1
(Monthly Expenses and Rebutting Factors)

You must complete this schedule and prepare and submit the attachments requested in this schedule if either party seeks spousal support or any change from the uniform child support guidelines. These are the total household expenses you must pay each month. Utility bills should be averaged over the year. Any other annual, quarterly, or other periodic payments should be converted to a monthly average. DO NOT LIST ANY EXPENSE IF IT IS DEDUCTED FROM YOUR WAGES. ONLY INCLUDE DIRECT EXPENSES FOR JOINT CHILDREN IN SECTION 1.

1. Direct monthly expenses for children of this relationship which you pay:

	AMOUNT
A. School Expenses:	
School Lunches:	_____
Books, Tuition:	_____
Activities:	_____
Other (Specify):	_____
B. Food (other than school lunches):	_____
C. Day Care:	_____
D. Clothing:	_____
E. Medical Insurance--Premium Payments:	_____
F. Unreimbursed Health Costs:	_____
G. Unreimbursed Dental Costs:	_____
H. Baby-Sitting (not work-related):	_____
I. Lessons:	_____
J. Grooming Needs:	_____
K. Hobbies, Recreation:	_____
L. Entertainment:	_____
M. Allowances:	_____
N. Transportation:	
Gasoline, Oil:	_____
Insurance for Driving-Age Child:	_____
O. Miscellaneous (Specify): _____	_____

TOTAL DIRECT EXPENSES OF CHILDREN: (ADD 1.A. thru 1.O.) **ENTER HERE and on Uniform Support Affidavit page 1, line 9.B.** 1. _____

	Source	Amount	Name
Average Monthly Amount of Child's Income:			

2. FIXED COSTS

	Monthly Amount
A. RESIDENCE:	
Mortgage or Rent:	_____
Property Taxes: (if not included in mortgage)	_____
Second Mortgage:	_____
Other:	_____
B. UTILITIES:	
Electricity:	_____
Heat (other than electricity):	_____
Water:	_____
Garbage:	_____
Telephone:	_____
Other:	_____
C. TRANSPORTATION:	
Car Payments:	_____
Gas & Oil:	_____
Maintenance & Repairs:	_____
Other (Specify):	_____
D. INSURANCE:	
Life:	_____
Automobile:	_____
Medical/Dental:	_____
Residence:	_____
E. FOOD AND HOUSEHOLD ITEMS: (exclude food expenses for joint children covered in Schedule 1, part 1, above)	_____

F. CLOTHING: _____
Grooming/Personal Needs: _____

G. MEDICINE AND PHARMACEUTICAL--Unreimbursed medical/dental costs: _____

H. COURT/DHR-ORDERED SUPPORT PAYMENTS: _____

TOTAL FIXED COSTS (A-H): 2. _____

3. CONSUMER OBLIGATIONS:

NAME OF CREDITOR	BALANCE DUE	MONTHLY PAYMENTS

TOTAL MONTHLY PAYMENTS ON CONSUMER OBLIGATIONS: 3. _____

4. DISCRETIONARY EXPENSES:

A. Entertainment: _____
B. Vacations: _____
C. Gifts: _____
D. Religious Contributions: _____
E. Dues and Subscriptions: _____
F. Club Memberships & Dues: _____

TOTAL DISCRETIONARY EXPENSES: 4. _____

5. ADDITIONAL EXPENSES:

_____ _____
_____ _____

TOTAL ADDITIONAL EXPENSES: 5. _____

6. TOTAL EXPENSES EXCLUDING DIRECT EXPENSES OF CHILD
(Add 2, 3, 4, and 5): **ENTER HERE and on Uniform Support Affidavit, page 1, line 9.C.** 6. _____

7. Other factors that affect my income and expenses or that should be considered to rebut the presumptive child support calculations: (attach supporting documentation whenever possible).

[Attach to Summons per ORS 107.093(5)]

NOTICE OF STATUTORY RESTRAINING ORDER PREVENTING THE DISSIPATION OF ASSETS IN DOMESTIC RELATIONS ACTIONS

TO THE PETITIONER AND RESPONDENT:

REVIEW THIS NOTICE CAREFULLY. **BOTH PARTIES MUST OBEY EACH PROVISION OF THIS ORDER TO AVOID VIOLATION OF THE LAW.** SEE INFORMATION ON YOUR RIGHTS TO A HEARING BELOW.

PURSUANT TO ORS 107.093 and UTCR 8.080, Petitioner and Respondent are restrained from:

1. Canceling, modifying, terminating or allowing to lapse for nonpayment of premiums any policy of health insurance, homeowner or renter insurance, or automobile insurance that one party maintains to provide coverage for the other party or a minor child of the parties, or any life insurance policy that names either of the parties or a minor child of the parties as a beneficiary.
2. Changing beneficiaries or covered parties under any policy of health insurance, homeowner or renter insurance, or automobile insurance that one party maintains to provide coverage for the other party or a minor child of the parties, or any life insurance policy.
3. Transferring, encumbering, concealing, or disposing of property in which the other party has an interest, in any manner, without written consent of the other party or an order of the court, except in the usual course of business or for necessities of life. This paragraph (3) does not apply to payment by either party of:
    a. Attorney fees in this action;
    b. Real estate and income taxes;
    c. Mental health therapy expenses for either party or a minor child of the parties; or
    d. Expenses necessary to provide for the safety and welfare of a party or a minor child of the parties.
4. Making extraordinary expenditures without providing written notice and an accounting of the extraordinary expenditures to the other party. The paragraph (4) does not apply to payment by either party of expenses necessary to provide for the safety and welfare of a party or a minor child of the parties.

AFTER FILING OF THE PETITION, THE ABOVE PROVISIONS ARE IN EFFECT IMMEDIATELY UPON SERVICE OF THE SUMMONS AND PETITION UPON THE RESPONDENT. IT REMAINS IN EFFECT UNTIL A FINAL DECREE OR JUDGMENT IS ISSUED, UNTIL THE PETITION IS DISMISSED, OR UNTIL FURTHER ORDER OF THE COURT.

PETITIONER'S/RESPONDENT'S RIGHT TO REQUEST A HEARING

Either petitioner or respondent may request a hearing to apply for further temporary orders, or to modify or revoke one or more terms of the automatic mutual restraining order, by filing with the court the Request for Hearing form specified in Form 8.080.2 in the UTCR Appendix of Forms.

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

In the Matter of ❑ the Marriage of:	)	
_____,	)	
_____,	)	Case No. _____
Petitioner,	)	
and	)	REQUEST FOR HEARING RE:
	)	STATUTORY RESTRAINING ORDER
_____,	)	
Respondent.	)	(UTCR 8.080)

1. I am the ❒ Petitioner ❒ Respondent in the above-referenced action, and I request a hearing to:

   a. Apply for further temporary orders *(specify in detail; attach additional sheets if necessary)*: _____
   _____
   _____

   b. Modify or revoke the following term(s) of the statutory restraining order:

      i. ❒ Paragraph 1. ❒ Revoke or ❒ Modify as follows (explain): _____
      _____

      ii. ❒ Paragraph 2. ❒ Revoke or ❒ Modify as follows (explain): _____
      _____

      iii. ❒ Paragraph 3. ❒ Revoke or ❒ Modify as follows (explain): _____
      _____

      iv. ❒ Paragraph 4. ❒ Revoke or ❒ Modify as follows (explain): _____
      _____

2. I ❒ will ❒ will not be represented by an attorney at the hearing.

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.

Submitted by:

_____ _____

❏ Petitioner ❏ Respondent, Signature Print Name

_____

Address or Contact Address City, State, Zip Telephone or Contact Telephone

Certificate of Mailing. I certify that I mailed a copy of this Request for Hearing by U.S. Mail with postage paid to the other party, or the other party's attorney, at the following address: ____ _____ on the following date: _____.

_____ _____

❏ Petitioner ❏ Respondent, Signature Print Name

I certify that this is a true copy:

_____

❏ Petitioner ❏ Respondent, Signature

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

In the Matter of ☐ the Marriage of:	)	
	)	Case No. _____
_____,	)	
Petitioner,	)	CERTIFICATE RE: PENDING CHILD
and	)	SUPPORT PROCEEDINGS and/or EXISTING
	)	CHILD SUPPORT ORDERS/JUDGMENTS
_____,	)	
Respondent.	)	(UTCR 8.090)

I hereby certify that:

1. PENDING CHILD SUPPORT PROCEEDINGS *(include any child support matter being heard by either a court or agency as part of a dissolution, separation, annulment, paternity, juvenile court, support, or modification case)*:
   - ☐ There is no pending child support proceeding in this or any other state involving the parties' child[ren].
   - ☐ There is a pending child support proceeding ☐ in Oregon ☐ in another state which involves the parties' child[ren] as follows:
     Name/County of Court or Agency where pending: _____
     Agency Case Number: _____
     Court Case Number: _____
2. EXISTING CHILD SUPPORT ORDERS OR JUDGMENTS *(include any order/judgment whether made by an agency or a court in this or any other state, and whether or not currently effective)*:
   - ☐ There are no other child support orders/judgments in this or any other state involving the parties' child[ren].
   - ☐ There is/are other child support orders/judgments involving the parties' child[ren], as follows:

ORDER/JUDGMENT #1 *(Attach a certified copy of the order)*

Name/County of Court or Agency where issued: _____

Case Number: _____

Date of Order: _____

ORDER/JUDGMENT #2 *(Attach a certified copy of the order)*

Name/County of Court or Agency where issued: _____

Case Number: _____

Date of Order: _____

ORDER/JUDGMENT #3 *(Attach a certified copy of the order)*

Name/County of Court or Agency where issued: _____

Case Number: _____

Date of Order: _____

ORDER/JUDGMENT #4 *(Attach a certified copy of the order)*

Name/County of Court or Agency where issued: _____

Case Number: _____

Date of Order: _____

Attach additional sheets if necessary, labeled "Attachment 1 to Certificate Re: Child Support Proceedings and Orders".

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.

DATED this _____ day of _____, 20___.

_____

☐ Petitioner ☐ Respondent, Signature

_____

Print name

_____

Address or Contact Address

_____

City, State, Zip Code

_____

Telephone or Contact Telephone

UTCR 8.100 FORM TO REQUEST WAIVER OF $25 FEE (ORS 106.120) WHEN MARRIAGE HANDLED BY A COURT

A. WHEN TO USE THIS FORM. There is an additional $25 statutory fee for people who want to get married by a judge of a circuit court, an appeals court, or the tax court if the marriage:

- would take place during normal working hours, excluding holidays,
- would take place in a court facility or county clerk's office; or,
- would involve more than a minimal amount of court or clerk staff time or other resources.

If you want to get married but think you shouldn't pay the fee, this form is how you ask a circuit court judge to waive that fee. A judge can waive the fee if you ask and the judge believes there is good reason why you shouldn't have to pay the fee.

B. HOW TO USE THIS FORM: The following are the three (3) steps necessary to use this form:

1. STEP 1. You must fill in information asked for in part "C" of this form and read, fill in, and sign part "D" of this form as required.
2. STEP 2. You must take the completed form to an Oregon Circuit Court judge and ask the judge to approve your request. That judge you go to MUST be a judge of the circuit court serving the county where the wedding will be performed. You cannot ask more than one judge every 30 days.
3. STEP 3. **IF** the circuit judge grants your request to waive the fee, the judge will sign the form below and so indicate on the form. Then the judge will give you a copy of the form. Within 30 days after the judge has signed the form showing the judge granted your request, you can get married without paying the fee by giving the judge who marries you the copy of the form you were given by the judge who granted your request. If you are asked to pay the fee by a county clerk when you get a marriage license, you can show them a copy of the form and will not have to pay the $25 fee.

C. INFORMATION TO COMPLETE (STEP 1):

1. Information about 1st person wanting to marry (print or type):	2. Information about 2nd person wanting to marry (print or type):	3. Information about court where marriage will be/has been arranged:
a. Name and Residence:	a. Name and Residence:	
First Middle Last	First Middle Last	Court Name
Street	Street	County where court is
City State Zip Code	City State Zip Code	City where court is
b. Gender Age	b. Gender Age	State, Zip Code for Court
Birth Date: Month Day Year	Birth Date: Month Day Year	Judge who will perform ceremony (if known)

D. (STEP 2) We are the people shown in boxes C1 and C2 and say the following to the court:

1. We would like to get married, but believe that we should not have to pay the $25 fee under ORS 106.120 for the following reason (state reason): _____
_____

2. Within the past thirty (30) days, neither of us have requested another judge to waive this fee.

3. We, the undersigned, each knowingly give the information and make the representations in this form under an oath or affirmation attesting to the truth of what is stated and subject to sanction by law if we knowingly provide false information to the court.

FOR COURT STAMP ON ORDER

Date _____ Signature (person in box 1 above) _____

Date _____ Signature (person in box 2 above) _____

COURT ORDER

As a Judge of the Circuit Court, _____ County, State of Oregon, I order that this request to waive the $25 fee under ORS 106.120 be: ☐ granted **OR** ☐ denied.

Date: _____ Judge's Signature: _____

Print or type judge's name: _____

NOTE: This waiver is only valid for 30 days after the judge signs.

*[**NOTE:** This form illustrates the accounting format required by UTCR 9.160. Each accounting must also comply with all other applicable statutes and court rules. An accounting filed in the court need not include check boxes, instructions in the form shown in bracketed italics, and portions of the form inapplicable to the individual accounting.]*

IN THE CIRCUIT COURT OF THE STATE OF OREGON
For the County of _____
[Probate Department]

In the Matter of the *[Mark one]* ❑ Conservatorship ❑ Estate of _____, ❑ Protected Person ❑ Deceased	))))))))	Case no. _____ *[TITLE]* ACCOUNTING *[The title must distinguish the accounting from all prior accountings by annual accounting number, time period, or "FINAL".]*

The ❑ conservator ❑ personal representative ("the Fiduciary") presents this *[Title]* _____ Accounting, covering the period from _____, 20___ through _____, 20___ ("the accounting period").

1.

Bonding and Asset Restrictions. *[Mark (a) or (b).]*

(a) ❑ No bond is required because _____. *[If the bond was waived by court order, so state and show date of the order. If the bond is waived by statute or rule, so state and identify the statute or rule.]*

(b) ❑ The current amount of the total bond, including riders, is $_____.

[Complete the following information for interim (annual) accounts only.]

Value of the assets on last date of this accounting period	$_____
Plus: estimated income for next accounting period	$_____
Total assets and income	$_____
Less: value of restricted assets and income (Orders restricting assets or income are dated _____)	$_____
Unrestricted assets and income requiring bond or new restrictions	$_____

(c) The Fiduciary requests the following changes in the amount of the existing bond or in restrictions on assets or income. *[Check all that apply.]*

- ❑ None.
- ❑ Reduce the bond to $_____.
- ❑ Increase the bond to $_____.
- ❑ Restrict the following assets: _____.
- ❑ Remove the restrictions from the following assets: _____.

(d) *[If appropriate, explain the Fiduciary's request for the bond and restrictions.]*

2.

Asset Schedule. The following *[or Exhibit 1 hereto]* is a complete and accurate statement of all assets owned by the estate or conservatorship at any time during the accounting period and the Fiduciary's estimate of the value of each asset: *[If preferred, attach an exhibit using the following format.]*

Description of Asset*	Beginning Value	Value of Later-Acquired Asset	Value at Disposition	Current (Ending) Value
TOTALS				

* *[For assets restricted by court order, include the date and title of the order. For any asset acquired or disposed of during the accounting period, include the date of acquisition or disposal. For a depository (an account into which funds are received or from which funds are disbursed) include the separate paragraph or exhibit with the statement of receipts and disbursements.]*

3.

Receipts and disbursements. The following *[or Exhibits ___ to ___ hereto]* are complete and accurate schedules of funds received in and disbursed from each depository account of the estate or conservatorship during the accounting period. *[If preferred, attach exhibits using the following format.]*

(a) *[State name of depository and account number.]*

Date	Source of Receipt	Explanation	Amount
	OPENING BALANCE		
TOTAL RECEIPTS			
TOTAL RECEIPTS PLUS (+) OPENING BALANCE			

Date	Check #	Payee	Explanation	Amount
TOTAL DISBURSEMENTS				
ENDING BALANCE (Total Receipts, Plus (+) Opening Balance, Minus (-) Total Disbursements)				
TOTAL DISBURSEMENTS PLUS (+) ENDING BALANCE				

[Reconcile any difference between the accounting ending balance for the depository account and the ending balance shown on any ending depository statement filed with this accounting.]

(b) *[Add a separate subparagraph or exhibit for each additional depository account.]*

4.

Vouchers and Depository Statements. *[Vouchers are documents evidencing each disbursement and showing the name of the payee, date, and amount. Depository statements are statements from banks, brokerage firms, insurance companies, and similar entities with which estate assets are deposited showing the balance in the depository account at the beginning and end of the accounting period. If vouchers and depository statements are filed with the account, skip to (c). Otherwise mark (a) or (b).]*

(a) ❑ The filing of vouchers and depository statements was waived *[Mark one.]*
- ❑ By court order herein dated _____.
- ❑ By the following statute or court rule: _____.

(b) ❑ The Fiduciary requests that the Court waive the requirement of filing vouchers and depository statements for this accounting. The vouchers and depository statements are located at the following address: _____. The vouchers and depository statements will be available for examination by interested persons at that location until one year after the approval of the final accounting herein.

(c) ❑ The Fiduciary requests that vouchers and depository statements filed with this accounting be returned. A self-addressed envelope with adequate postage for return of the documents is attached to the vouchers.

5.

Narrative Description of Changes during the Accounting Period. During the accounting period the following changes in the assets or financial circumstances occurred: *[Describe all changes not clearly disclosed in the Asset Schedule, including, without limitation, corrections to previously declared values, omitted assets, the closing of an account, the sale or purchase of an asset, a significant change in living expenses, or a stock split.]*

(a) *[Use as many subparagraphs as necessary to separately describe each change.]*

(b)

6.

Fiduciary Disclosures. *[Disclose and explain every transaction if the transaction was any of the following: (a) A gift. (b) A transaction with a person or entity with whom the Fiduciary has a relationship which could compromise or otherwise affect decisions made by the Fiduciary. The disclosure shall include, but is not limited to, payment for goods, services, rent, reimbursement of expenses, and any other like transactions. (c) A payment for goods or services provided by a person not engaged in an established business of providing similar goods or services to the general public. (d) A payment for goods or services at a rate higher than that ordinarily charged to the general public.]*

(a) *[Use as many subparagraphs as necessary to separately describe each transaction.]*

(b)

7.

Fees. *[Insert any information regarding requests for Fiduciary or attorney fees and costs.]*

8.

Notice. *[Insert any required information addressing the Fiduciary's notice requirements.]*

9.

Other Matters. *[Add as many additional paragraphs as may be needed to justify requests for court orders included in the prayer of the accounting and to comply with requirements applicable to the particular accounting, such as the representations concerning tax filings required by ORS 116.083(3)(a) in a final account for a decedent's estate. If necessary, add an appropriate indication of relief requested to the title of the accounting. It is the responsibility of the Fiduciary and the attorney for the Fiduciary to identify and comply with all requirements imposed by statue, rule, or court order.]*

WHEREFORE the Fiduciary prays for an order:

1. Approving this accounting. *[If applicable. Generally annual accounts in decedent's estates will not be approved by the Court until the final account is approved.]*

2. Setting the amount of the bond at $_____. *[Include this provision only if a change of the bond amount is requested in Paragraph 1.]*

3. Changing the asset restrictions as follows: _____. *[Include this provision only if a change of the asset restrictions is requested in Paragraph 1.]*

4. Directing the payment of $_____ as reasonable Fiduciary's fee and $_____ as reasonable attorney fees incurred by the Fiduciary. *[If applicable.]*

5. *[Set forth any additional relief requested.]*

Dated _____, 20___

_____
[Print name of Fiduciary signing above]
[Mark one:] ❑ Conservator ❑ Personal representative

STATE OF OREGON)
County of _____) :ss.

I, *[Print name of Fiduciary]*, being first duly sworn or affirmed, depose and say that I have read the foregoing *[Title]* Accounting, and the same is true as I verily believe.

_____
[Print name of Fiduciary signing above]

SUBSCRIBED AND SWORN TO or affirmed before me on _____, 20__.

_____
NOTARY PUBLIC FOR OREGON

CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF _____

In the Matter of the Suspension of the Driving Privileges of _____.	)	PETITION FOR JUDICIAL REVIEW
_____, Petitioner	)	DMV No. _____
v.	)	Circuit Court Case No. _____
Driver and Motor Vehicle Services Branch of the Oregon Department of Transportation (DMV), Respondent.	)	

PETITION FOR JUDICIAL REVIEW OF ORDER OF DMV

Petition seeks judicial review of the final order of suspension of driving privileges entered by the Hearings Officer of the DMV in case number _____, date _____.

Parties to this review are:

_____
_____
_____
(set out petitioner's full name and address)

And,
Driver and Motor Vehicle Services Branch of the Oregon Department of Transportation (DMV)

The Order of the DMV should be vacated because evidence in the record fails to substantially support the Hearings Officer's finding that the following requirements were met (check those items that apply):

___ (a) The petitioner, at the time the petitioner was requested to submit to a test under ORS 813.100, was under arrest for driving while under the influence of intoxicants in violation of ORS 813.010 or a municipal ordinance.

___ (b) The police officer had reasonable grounds to believe, at the time the request was made, that the petitioner had been driving under the influence of intoxicants in violation of ORS 813.010 or a municipal ordinance.

___ (c) The petitioner refused to test under ORS 813.100 or took the test and the test disclosed that the level of alcohol in the petitioner's blood was sufficient to constitute being under the influence of intoxicating liquor under ORS 813.300.

___ (d) The petitioner had been informed under ORS 813.100 of the rights and consequences as described under ORS 813.100.

___ (e) The petitioner was given written notice required under ORS 813.100.

___ (f) If the petitioner submitted to the test, the person administering the test was qualified to administer the test under ORS 813.160.

__ (g) If the petitioner submitted to the test, the methods, procedures and equipment used in the test complied with requirements under ORS 813.160.

___ (h) Other: _____

_____

_____

Dated this _____ day of _____, 20___.

_____

Set out name, OSB number (attorneys only), address and telephone number

( ) Petitioner

( ) Attorney for Petitioner

(Please check one of the above)

CERTIFICATE OF SERVICE

I hereby certify that I served the foregoing Petition for Judicial Review on:

Manager
DMV Hearings
Driver and Motor Vehicle Services Branch of the
Oregon Department of Transportation
1905 Lana Avenue NE
Salem, Oregon 97314

and,

Attorney General or Designee
General Counsel Division
Transportation - Implied Consent Unit
100 Justice Building
Salem, Oregon 97310

by mailing by registered or certified mail to those persons a true and correct copy thereof, certified by me as such, placed in a sealed envelope addressed to them at the addresses set forth, and deposited in the United States Post Office at _____, Oregon, on _____ (date) with the postage prepaid.

_____
( ) Petitioner
( ) Attorney for Petitioner
(Please check one of the above)

FORM 10.010.b – CERTIFICATE OF SERVICE FOR PETITION OF JUDICIAL REVIEW OF ORDER OF DMV – UTCR 10.010

(Rev. 8-1-02)
TCG-5-F2

Court-Connected Mediator Contact Information for Court Use and Public Dissemination

UTCR Form: 12.540.1a

Name of Mediator:	
Business or Program Name (if applicable):	
Business Contact Information Below (as applicable)	
Mailing Address:	
Telephone Number:	**Fax Number:**
E-Mail Address:	

Court-Connected Mediator
Consumer Information for Public Dissemination

UTCR Form: 12.540.2

Name of Mediator:	
Business or Program Name (if applicable):	
Business Contact Information Below (as applicable)	
Mailing Address:	
Telephone Number:	**Fax Number:**
E-Mail Address:	

Description of formal education: _____

_____

_____

Description of mediation training: _____

_____

_____

_____

Description of mediation experience: _____

_____

_____

_____

Relevant organizations with which the mediator is affiliated: _____

_____

_____

Description of other relevant experience: _____
_____
_____
_____

Description of fees (if applicable): _____
_____
_____
_____

Statement of case preference (please check all case types for which you are qualified, and will accept referrals):

Categories of Cases	YES	NO
Business		
Domestic Relations		
Employment		
Small Claims		
Landlord-Tenant		
Probate		
Torts		
Other (specify)		

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____COUNTY
Small Claims Division - _____
(court's address and phone number)

_____
Plaintiff
_____
Address
_____
City State Zip
_____
County

V.

_____
Defendant Defendant
_____
A.K.A. A.K.A.

CASE No. _____

CLAIM AND
NOTICE OF CLAIM

Name, Title (if applicable) and Address for Service on Defendant(s):

_____ _____
Defendant Defendant
_____ _____
A.K.A. A.K.A.
_____ _____
Address Address
_____ _____
City State Zip City State Zip
_____ _____
County County

I, Plaintiff, claim that on or about _____,_____, the above-named defendant(s) owed me the sum of $_____, and this sum is still owing for (reason) _____
_____
_____

I have incurred fees of $_____ and service expense of $_____.

Claim Amt: _____
Filing Fee: _____
Service Fee: _____
Total Due: _____

STATE OF OREGON
_____ COUNTY ss.
I, the above-named plaintiff, having been duly sworn, state that I have read the above claim and that it is true as I verily believe, and that I have made a bona fide effort to collect the claim from the defendant before filing the claim with the clerk.

DATED: _____

_____
Plaintiff

SUBSCRIBED AND SWORN to before me this _____ day of _____, 200__.

NOTARY PUBLIC FOR OREGON

_____
My Commission expires _____

****
NOTICE TO DEFENDANT: I certify that the foregoing is a true copy of the claim filed against you.

TRIAL COURT ADMINISTRATOR
By_____

NOTICE TO DEFENDANT — READ REVERSE SIDE

NOTICE TO DEFENDANT

READ THESE PAPERS CAREFULLY!

Within 14 DAYS after receiving this notice you MUST do ONE of the following things:

- Pay the claim plus filing and service expenses paid by the plaintiff; OR
- Demand a hearing; OR
- Demand a jury trial.

If you fail to do one of the following things within 14 DAYS after receiving this notice, then upon written request from the plaintiff, the clerk of the court will enter a judgment against you for the amount claimed plus filing fees and service expenses paid by the plaintiff, plus a prevailing party fee.

If you have any questions about the small claims court filing procedures after this notice, you may contact the clerk of the court; however, the clerk cannot give you legal advice on this claim.

Defendant filing fees (to be filled in by plaintiff with fees for specific county where filed):

To Demand a Hearing if the amount claimed is $1500.00 or less ..... $_____

To Demand a Hearing if the amount claimed is over $1500.00 ..... $_____

To Demand a Jury Trial (Only if the amount claimed is over $750.00) .... $_____

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____COUNTY
Small Claims Division - _____
(court's address and phone number)

_____
Plaintiff

V.

_____

_____
Defendant(s)

CASE No. _____

REQUEST FOR DEFAULT JUDGMENT; DEFENDANT STATUS AFFIDAVIT

(NOTE: Complete this and attach a completed Judgment you propose)

I, _____ request default judgment against _____
Name Other Party's Name
for the following :

A total judgment award of $_____, which total includes:
1. A money award of $_____ ,
2. Prejudgment interest of $_____,
3. Accrued arrearages of $_____, if any,
4. Costs and service expenses of $_____,
5. A prevailing party fee under ORS 20.190 of $_____

I request judgment include postjudgment interest at a rate of _____% per _____ based on _____
(authority for interest)

And, I request the following terms in addition to or in lieu of a money award: ☐ NONE, or _____
_____

I have attached a completed proposed small claims judgment for purposes of this request.

In furtherance of this request and being duly sworn, I state that:

1. The above-named defendant(s) was duly and regularly served with a copy of the claim and failed to pay the claim or demand a hearing or trial within 14 days;

2. No person against whom I seek judgment by this request is, to the best of my knowledge and belief:

(a) one of the following defined by ORS 125.005 and protected by ORCP 69B: a minor, incapacitated, a protected person, or a respondent;
(b) a person protected by the Soldiers' and Sailors' Civil Relief Act or 1940, as amended (50 App.USC 501 to 593).

_____
Plaintiff's Name (print)

DATED: _____

_____
Authorized Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 200__.

NOTARY PUBLIC FOR OREGON

_____
My Commission expires _____

Form 15.010.1b – REQUEST FOR DEFAULT JUDGMENT; DEFENDANT STATUS AFFIDAVIT; – UTCR 15.010(1)(b)

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____COUNTY
Small Claims Division - _____
(court's address and phone number)

_____
Plaintiff

v.

_____

_____
Defendant(s)

CASE No. _____

REQUEST FOR JUDGMENT; NONCOMPLIANCE AFFIDAVIT

(NOTE: Complete this and attach a completed Judgment you propose)

I, _____ request judgment against _____
Name Other Party's Name
for the following :

A total judgment award of $_____, which total includes:
1. A money award of $_____ ,
2. Prejudgment interest of $_____,
3. Accrued arrearages of $_____, if any,
4. Costs and service expenses of $_____,
5. A prevailing party fee under ORS 20.190 of $_____

I request judgment include postjudgment interest at a rate of _____% per _____ based on _____
(authority for interest)

And, I request the following terms in addition to or in lieu of a money award: ☐ NONE, or _____
_____

I have attached a completed proposed small claims judgment for purposes of this request.

I, _____, hereby swear or affirm that on _____
(date agreement signed)
_____ and I signed a Mediation Agreement which has been entered
(Print other party's name)
in this case and which contained the following terms. _____

_____

_____ has not complied with the agreement by failing to do the following:
(print other party's name)
_____

_____
I did not keep the other party from following the agreement. I certify that on _____ I mailed a copy
(date)
of this request to the party against whom I request judgment at _____.
(address)

_____
Plaintiff's Name (print)

Dated: _____

_____
Authorized Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 200__.

NOTARY PUBLIC FOR OREGON

_____
My Commission expires _____

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____COUNTY
Small Claims Division - _____
(court's address and phone number)

_____
Plaintiff

v.

_____

_____
Defendant(s)

CASE No. _____

SMALL CLAIMS JUDGMENT; MONEY AWARD

Submitted by: _____ ☐ Plaintiff ☐ Defendant

JUDGMENT. I hereby give judgment in this case for the Judgment Creditor named in the money judgment/money award below and against the judgment debtor(s) named therein.
In addition to or in lieu of the money award below, this judgment establishes the following requirements: ☐ NONE, OR _____

_____.

MONEY JUDGMENT/MONEY AWARD

1. Judgment Creditor: _____
Name(s)/Address

2. Judgment Creditor's Attorney: ☐ None, OR _____
Name/Address/Phone No.
_____ in this case.

3. Judgment Debtor(s). Information for any additional debtor(s) is provided in attachments and incorporated herein by reference:

4a. Name: _____ 4b. Name: _____
5a. Address: _____ 5b. Address: _____
6a. DOB: _____ 6b. DOB: _____
7a. SSN or Tax ID: _____ 7b. SSN or Tax ID: _____
8a. Dr Lic. No./State: _____ 8b. Dr Lic. No./State: _____

9. Judgment Debtor's Attorney: ☐ None, OR _____ in this case.
Name

10. I know the following person or public body is entitled to a portion of the money award: ☐ NO ONE, OR _____
Name

11. Judgment is for a total judgment award of $_____ , which includes the following money amounts (and postjudgment interest at rate shown):

12. Money award of $_____
13. Prejudgment interest of $_____
14. Postjudgment interest on "11" will be at _____% per _____.
15. Accrued arrearages of $_____
16. Costs and service expenses of $_____
17. Prevailing party fee of $_____

DATED SIGNED: _____

_____
Circuit Court Judge

_____
Print Judge's Name

Form 15.010.1d – SMALL CLAIMS JUDGMENT; MONEY AWARD – UTCR 15.010(1)(d)