

In the Matter of Out-of-Cycle
Amendment of UTCR Form 8.010.5

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CHIEF JUSTICE ORDER
No. 14-064

ORDER OF OUT-OF-CYCLE AMENDMENT OF
UTCR FORM 8.010.5

I HEREBY ORDER, pursuant to ORS 1.002 and UTCR 1.020, that:

1. Good cause has been shown and the effective date, requirements, and time limits established by UTCR 1.020(2), (3), and (4) are waived.
2. UTCR Form 8.010.5, as shown in Attachment A to this order, is amended effective December 1, 2014. For the convenience of the reader, deleted wording is show in [*brackets and italics*].
3. Pursuant to UTCR 1.020(5), the UTCR Reporter will take the steps necessary to post this UTCR change for public comment as soon as practicable and shall place the change on the agenda of the next UTCR Committee meeting.

Dated this 17th day of November, 2014.



Thomas A. Balmer
Chief Justice

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

In the Matter of: _____) Case No. _____)
 _____) Judge Assigned: _____)
 _____)
 Petitioner Co-Petitioner,)
 and)
 _____)
 Respondent Co-Respondent.)

Check one box:
 PETITIONER'S RESPONDENT'S
 CO-PETITIONER'S CO-RESPONDENTS or
 OTHER: _____)

UNIFORM SUPPORT DECLARATION
 OR CSP Case No. _____)

SUMMARY INFORMATION – COMPLETE THIS PAGE LAST

After completing Sections 1 through 5, on Pages 2 through 5 below, insert the information and/or total **MONTHLY** amounts in this Summary Information section. Date of Completion _____
 mm/dd/year

1. Number of Joint Children From This Relationship: _____
2. Number of Joint Children Over 18 But Under 21 Attending School: _____
3. Number of Nonjoint Additional Children: _____
4. Gross Monthly Income From All Sources: \$ _____
5. Receiving Temporary Assistance for Needy Families? Yes No
6. Child(ren) on Oregon Health Plan/Healthy Kids or Other Public Health Plan? Yes No
7. Social Security or Veteran's Benefits Received for Child(ren):
 Person with Disability is: Child Me Other Parent \$ _____
8. Spousal Support RECEIVED by You: \$ _____
9. Spousal Support PAID by You: \$ _____
10. Mandatory Union Dues Paid: \$ _____
11. Health Care Premiums for Yourself [Only if You Provide Insurance for Child(ren)]: \$ _____
12. *** \$ _____

3. HEALTH CARE COVERAGE AND MEDICAL EXPENSES

- A. *Is there a cost to insure just yourself [if you provide insurance for the child(ren)]? Yes No
- B. ***
