

C. **Children of the Marriage/Domestic Partnership.** The following children were born to/ adopted by the parties before or during this marriage/domestic partnership (*list name(s), date(s) of birth and age(s)*):

Name	Date of Birth	Age
	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).	
	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).	

Neither party is now pregnant.

Petitioner Respondent is not the father, or paternity has not been established, of the child/ren (list names): _____
 _____ born during the marriage/domestic partnership on the following date(s): _____

Petitioner Respondent is now pregnant. Petitioner Respondent is not the parent of the child/ren due (*date*) _____.

D. **Child Custody Jurisdiction.** (*Check appropriate boxes*)

I. Oregon has jurisdiction under the Uniform Child Custody Jurisdiction and Enforcement Act to hear the custody parenting time issue because:

Oregon is the child/ren's home state (i.e., the child/ren have lived here continuously for the six month period immediately before this case was filed).

Other reason: _____

II. Oregon does not have jurisdiction under the Uniform Child Custody Jurisdiction Act because: _____

E. Child/ren Who Are At Least 18 and Under 21 Years of Age.

_____ (*child/ren's name*) is at least 18, 19, or 20 years of age, is unmarried and unemancipated and has:

- Waived further appearance in these proceedings.
- Signed and stipulated to the terms of judgment evidenced by the signature below.
- Fully participated in the proceedings and the judgment effectively binds him/her to the terms.

NOW, THEREFORE, IT IS HEREBY ORDERED:

The terms of this judgment are effective immediately. The marital/domestic partner status of the parties shall terminate on the date this judgment is signed by the judge.

1. Parenting Plan

Custody of the child/ren is awarded as follows:

Petitioner is awarded sole custody of the following child/ren (*list names*): _____

Respondent is awarded sole custody of the following child/ren (*list names*): _____

The parties have agreed to joint custody of the following child/ren (*list names*): _____

Petitioner Respondent shall have parenting time with the child/ren as set forth in the attached Parenting Plan, labeled Exhibit ____, or Other: _____

Petitioner Respondent shall not have parenting time because this would endanger the health and safety of the child/ren.

Parenting time shall be supervised by _____. Any cost of the supervision shall be paid by Petitioner Respondent Other: _____.

Neither parent shall say things or knowingly allow others to say things in the presence of the child/ren that would take away the child/ren's love and respect for the other parent.

Petitioner and Respondent shall each provide contact addresses and contact telephone numbers to the other and notify each other of any emergency circumstances or substantial changes in the child/ren's health.

Neither parent shall move to a residence more than 60 miles further distant from the other parent without giving the other parent reasonable notice of the change of residence and providing a copy of such notice to the court, or the requirement of ORS 107.159 regarding notice of move is suspended for good cause found.

2. Cash Child Support.

Complete either (a) or (b) **and** (c) below (**You are required to complete this section even if child support is not ordered.**):

- (a) Cash child support will be paid by Petitioner to Respondent (or) Respondent to Petitioner beginning on the first or _____ of the month following the date of the judgment or beginning (*date*) _____ and continuing on the same day of each month thereafter. The total payment per month is \$_____ for (*how many*) _____ children.
- Child support shall be paid by Petitioner to **Adult Child Attending School** beginning on the first or _____ day of the month following the date of the judgment or beginning (*date*) _____ and continuing on the same day of each month thereafter in the amount of \$_____.
- Child support shall be paid by Respondent to **Adult Child Attending School** beginning on the first or _____ day of the month following the date of the judgment or beginning (*date*) _____ and continuing on the same day of each month thereafter in the amount of \$_____.
- (b) No cash child support is ordered in this judgment because:
 - An order, including medical support, for child support in the monthly amount of \$_____ has already been ordered in Circuit Court case number _____ in _____ County, Oregon.
 - Other reason: _____
- (c) The cash child support:
 - The child support worksheet on which the support amount was calculated is labeled “Exhibit _____” and attached to and incorporated in this judgment.
 - The support award does not deviate from the amount presumed correct under the guidelines set out in the Oregon Administrative Rules.
 - The support amount presumed correct under the guidelines is \$_____. The support award deviates from this amount because this Court Finds application of the formula would be unjust or inappropriate in this case because (*list reasons*) _____
- (d) **Effect on existing orders.** This order shall modify and replace the following existing order (*list court/agency and case number*): _____ because the existing order was issued by an Oregon court or agency, one of the parents or the child/ren receiving support under the order still resides in Oregon, and circumstances have changed since the order was entered.

3. **Medical Support.** Complete section (a) or (b), (c) or (d) **and** (e) below:

(a) **Private Health Care Coverage is Appropriate and Available.**

Petitioner Respondent Both Petitioner and Respondent has/have appropriate **private** health care coverage available for the parties' child/ren through an employer, spouse, domestic partner or other source. Petitioner Respondent Both Petitioner and Respondent is/are ordered to obtain and/or maintain this coverage throughout the period of the support obligation for the benefit of the parties' child/ren.

Health care coverage is not ordered in this judgment because it has already been ordered in another case as described in section 2(b) above.

(b) **No Private Health Care Coverage is Appropriate or Available.**

Neither Petitioner nor Respondent has appropriate private health care coverage available for the parties' child/ren. Petitioner Respondent Both Petitioner and Respondent shall provide appropriate private health care coverage for the child/ren when such coverage becomes available to them at a reasonable cost through any source.

The custodial parent shall enroll or maintain the child/ren in public health care coverage.

Health care coverage is not ordered in this judgment because it has already been ordered in another case as described in section 2(b) above.

NOTICE ABOUT PRIVATE HEALTH INSURANCE ENROLLMENT

If services are provided by the Division of Child Support, the obligor and obligee must inform the administrator in writing of any change in private health insurance enrollment status within 10 days of the change.

(c) **Cash Medical Support Ordered.**

Because neither parent has appropriate private health care coverage available for the parties' child/ren: The parent obligated to pay child support must pay cash medical support in the monthly amount of \$_____ to the parent receiving child support whenever the paying parent does not provide appropriate private health care for the child/ren. This medical support may be collected by and assigned to the State of Oregon if the child is on public health care.

NOTE: Cash medical support **must** be ordered whenever neither parent provides appropriate private health care coverage for the child/ren, *unless* findings are included stating why cash medical support is not required *see section (d) below*.

OR

To help defray the cost of health care coverage provided by Petitioner Respondent for the parties' child/ren, or to help defray the cost of uninsured medical expenses, Petitioner Respondent must pay \$_____ for cash medical support to Petitioner Respondent.

(d) **Cash Medical Support Not Ordered.**

Cash medical support is not ordered for the following reasons:

- The income of the parent obligated to pay child support has a gross monthly income at or below the Oregon minimum wage for full-time employment.
- The parent obligated to pay support is receiving public assistance.
- Other reason: _____

(e) **Responsibility for Uninsured Health Expenses.**

Petitioner must pay _____% and Respondent must pay _____% of the reasonably incurred uninsured health, accidental, dental, orthodontic, and optical costs incurred by the child/ren, including costs for prescriptions. This obligation is in addition to any cash medical support ordered.

4. Length of Child Support.

Unless the child becomes self-supporting, emancipated, or married the support ordered in paragraphs 2 and 3 above for each child shall continue until the child reaches age 21 if the child qualifies for support as a child attending school as defined by Oregon law.

NOTICE ABOUT PERIODIC REVIEWS

If you are receiving child support services through the Department of Justice, either parent may request that the Department of Justice/Division of Child Support review the amount of support ordered after 35 months from the date the order took effect or at any time upon a substantial change of circumstances.

5. Payment of Child Support

Pursuant to ORS 25.378(1), an income withholding order shall be issued to enforce the child support obligation unless an exception is indicated below.

Exceptions to withholding. Income withholding is not ordered at this time because there is no support arrearage, the paying parent has not previously been granted an exemption from withholding, and:

The parents, and the State, if support rights are assigned, have agreed in writing to an alternative arrangement; or

Good cause not to require withholding is found because there is proof of timely payment of previously-ordered support and income withholding would not be in the best interests of the child.

All payments of child support shall be made (check either (a) or (b) below):

(a) To the Oregon Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309 or by electronic payment withdrawal (EPW) or electronic funds transfer (EFT).

(b) Pursuant to the above exception, directly to Petitioner's Respondent's checking or savings account. A receipt of deposit shall be kept by the parent paying support as proof of payment. A canceled check is also prima facie evidence that payment has been made. The person receiving support shall provide the paying parent with current deposit slips and/or bank name, account name and account number.

NOTICE OF INCOME WITHHOLDING

This child support order is enforceable by income withholding under ORS 25.378 to 25.390, 25.414 to 25.372 and 25.375. Withholding shall occur immediately, whenever there is an arrearage at least equal to the support payment for one month, whenever the obligated parent requests such withholding, or whenever the obligee requests withholding for good cause. The District Attorney or, as appropriate, the Division of Child Support of the Department of Justice, will assist in securing such withholding. Exceptions may apply in some circumstances.

NOTICE ABOUT PARENTING TIME AND CHILD SUPPORT

The terms of child support and parenting time (visitation) are designed for the child’s benefit and not the parents’ benefit. You must pay support even if you are not receiving parenting time. You must comply with parenting time and visitation orders even if you are not receiving child support.

Violation of child support orders and visitation or parenting time orders is punishable by fine, imprisonment or other penalties.

Publicly funded help is available to establish, enforce, and modify child support orders. Paternity establishment services are also available. Contact your local district attorney, the domestic relations court clerk, or the Department of Justice at 1-800-850-0228, 503-378-5567 or www.oregonchildsupport.gov for information.

Publicly funded help may be available to establish, enforce, and modify parenting time or visitation orders. Forms are available to enforce parenting time or visitation orders. Contact the domestic relations, civil court clerk or courthouse facilitator for information.

6. Dependents for Tax Purposes.

Petitioner Respondent shall be entitled to claim the following child(ren) as dependent(s) for tax purposes beginning the year this judgment is entered (*list names*): _____

Per IRS regulations

Other (*specify*): _____

7. Life Insurance Coverage for Child/ren.

Petitioner Respondent shall obtain and maintain life insurance for the benefit of the parties’ child/ren throughout the period of the support obligation if he/she is insurable. The coverage shall be in the amount of \$_____.

8. Spousal Support and Life Insurance.

No spousal support or spousal life insurance is ordered in this case.

Support shall be paid by Petitioner to Respondent Respondent to Petitioner:

In the amount of \$_____ per month for the following period of time: _____, **OR**

In the amount of \$_____ by (*date*) _____

The support shall be called (*check one or more*): transitional compensatory spousal maintenance based on consideration of the following factors: _____

Payments shall be made on the first or _____ day of the month following the date of the judgment or beginning (*date*) _____ and continuing on the same day of each month thereafter.

All payments of spousal support shall be made (choose (A) or (B)):

(A) To the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309. Petitioner requests that collection, accounting, disbursement, and enforcement services be provided through the Department of Justice.

(B) Directly into Petitioner's Respondent's checking or savings account. A receipt of deposit shall be kept by the paying spouse/domestic partner as proof of payment. The spouse/domestic partner receiving support shall provide the paying spouse/domestic partner with current deposit slips and/or bank name, account name, and account number.

Spousal support payments are taxable to the obligee spouse/domestic partner and deductible to the obligor spouse/domestic partner. Upon the death of either party all payments shall terminate.

Life Insurance.

Petitioner Respondent shall buy and maintain life insurance for the benefit of Petitioner Respondent throughout the period of the spousal support obligation, in the amount of \$_____.

9. Real Property Distribution.

Neither Petitioner nor Respondent has any interest in any real property located in this or in any other state.

Petitioner Respondent has/have an interest in real property located at the address of _____

This property shall be distributed as follows: _____

Additional page labeled "Paragraph 9 - Real Property Distribution continued" attached.

The legal description of the property is attached as "Exhibit _____" and incorporated into this Judgment.

Petitioner Respondent shall be responsible for the preparation, signing and recording of a deed, transferring the real property as required by this judgment.

Distribution of this property is not within the jurisdiction of this court.

10. Personal Property Distribution (including motor vehicles).

The Petitioner and Respondent have divided between them all personal effects, household goods and other personal property they own separately or together, and each shall be awarded those items now in their possession.

The Petitioner is awarded the following personal property: _____

Additional page labeled “Paragraph 10—Petitioner’s Personal Property Distribution continued” attached.

The Petitioner is awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred compensation plan, and/or stock option plan held by his current or past employer, free of any interest of the Respondent.

The Respondent is awarded the following personal property: _____

Additional page labeled “Paragraph 10—Respondent’s Personal Property Distribution continued” attached.

The Respondent is awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred compensation plan, and/or stock option plan held by her current or past employer, free of any interest of the Petitioner.

11. Distribution of Debts.

There are no outstanding debts of this marriage/domestic partnership.

The debts shall be paid as follows:

Name of Creditor (who money is owed to)	What debt is for	Amount	Who shall pay (Petitioner or Respondent)

Additional page attached, labeled “Paragraph 11—Distribution of Debts continued.”

Each party shall indemnify, defend and hold harmless the other party and keep current the payment of all debts incurred by him or her individually since the date of the separation; all debts which are distributed to him or her by the court; and all debts which are secured by property distributed to that party. Also, if any

creditor asks the spouse/domestic partner not responsible for a debt to pay all or a portion of it, and he or she does so, the spouse/domestic partner responsible for that debt shall reimburse the other spouse/domestic partner for any monies he/she paid to the creditor after the date of the judgment.

The date of separation (when you began living apart) was: _____.

12. Transfer of Property and Debts.

Within thirty (30) days of the date of this judgment, each party shall execute, acknowledge and deliver whatever documents are necessary to accomplish the distribution of debts and property ordered by the court. The judgment shall operate to convey title to the party awarded the property if the other party fails to comply with this requirement.

13. Former Name.

Petitioner's Respondent's former name of _____ is restored.

14. Additional Provisions: _____

Additional page attached labeled "Paragraph 14—Additional Provisions continued."

15. Court Costs and Fees.

A. Waived and/or Deferred Costs and Fees

Any court costs and service fees that were waived and/or deferred (required to be paid at a later date) by the court shall be paid by:

- Petitioner
- Respondent
- Both parties equally
- Each party shall be responsible for paying his/her own court costs and service fees for this case.

B. Costs and Fees Paid by the Parties

- Each party shall be responsible for paying his/her own court costs and service fees for this case.
- To be paid by both parties equally
- Petitioner Respondent shall reimburse the other spouse/domestic partner for his/her court costs and service fees for this case.

Other: _____

Judgment shall be entered according to the cost and fee allocation listed above.

16. 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 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 or Contact 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).

GENERAL JUDGMENT OF DISSOLUTION OF MARRIAGE/DOMESTIC PARTNERSHIP; and MONEY

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Disso with Children (7/14)

Date of marriage/domestic partnership: _____.

Place of marriage/domestic partnership: _____.

17. Money Award. Child Support Obligation included not included.
Spousal Support included not included.

Additional information	PETITIONER	RESPONDENT	ADULT CHILD ATTENDING SCHOOL
Full Name			
Address or Contact Address			
Attorney's Name, Telephone Number and Address (if applicable)			
The following information is required ONLY for the party ordered to pay money below.			
Year of Birth			
Last Four Digits of Driver License Number and State of Issuance			
Last Four Digits of the Support Obligor's Social Security Number			
The following information is to be provided by any party entitled to receive a money award (a "judgment creditor") as listed in this Judgment.			
Others Entitled to Portions of Judgment Payable to PETITIONER	The following person(s) or public bod(ies) are known by Petitioner to be entitled to a portion of a payment made on the judgment (other than Petitioner's attorney): None or <input type="checkbox"/> _____ _____		
Others Entitled to Portions of Judgment Payable to RESPONDENT	The following person(s) or public bod(ies) are known by Respondent to be entitled to a portion of a payment made on the judgment (other than the Respondent's attorney): None or <input type="checkbox"/> _____ _____		

Type of Judgment	Amount of Judgment	
Child Support Award	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____ <input type="checkbox"/> per month, of which <u>none (\$)</u> or <input type="checkbox"/> \$ _____ is cash medical support starting, on (<i>date</i>) _____ and continuing on the same day of each month thereafter. <input checked="" type="checkbox"/> Cash medical support will not accrue whenever private health care coverage is being provided by the judgment debtor/obligor. <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's prior obligation to <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent terminates (<i>date</i>) _____.
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Child Support Award to Child Attending School	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____ <input type="checkbox"/> per month, of which <u>none (\$)</u> or <input type="checkbox"/> \$ _____ is cash medical support, starting on (<i>date</i>) _____ and continuing on the same day of each month thereafter. <input checked="" type="checkbox"/> Cash medical support will not accrue whenever private health care coverage is being provided by the judgment debtor/obligor. <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's prior obligation to <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent terminates (<i>date</i>) _____.
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Child Attending School	
Child Support Award to Child Attending School	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____ <input type="checkbox"/> per month, of which <u>none (\$)</u> or <input type="checkbox"/> \$ _____ is cash medical support, starting on (<i>date</i>) _____ and continuing on the same day of each month thereafter. <input checked="" type="checkbox"/> Cash medical support will not accrue whenever private health care coverage is being provided by the judgment debtor/obligor. <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's prior obligation to <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent terminates (<i>date</i>) _____.
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Child Attending School	

Type of Judgment		Amount of Judgment
Spousal Support Award	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$_____ per month starting on <i>(date)</i> _____ and continuing on the same day of each month thereafter; lasting until <i>(date)</i> _____, or the death of either party, whichever comes first; or 1. A lump sum payment of \$_____ to be paid by <i>(date)</i> _____
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	

SPOUSAL SUPPORT PAYMENTS ARE TAXABLE TO THE OBLIGEE SPOUSE/DOMESTIC PARTNER AND DEDUCTIBLE TO THE OBLIGOR SPOUSE/DOMESTIC PARTNER. UPON THE DEATH OF EITHER PART ALL PAYMENTS TERMINATE.

Type of Judgment		Amount of Judgment
Property Division (if applicable)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	1. \$_____ per month, starting on <i>(date)</i> _____ And continuing on the same day of each month thereafter _____ 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).
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Prejudgment Interest (Note: ORS 21.700 disallows interest on fees that have been deferred.)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$_____
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	

Type of Judgment		Amount of Judgment
Postjudgment Interest (Note: ORS 21.700 disallows interest on fees that have been deferred.)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Nine percent (9 %) per annum simple interest on the unpaid balance of the total judgment amount(s) of \$_____. Interest accrues from the date the judgment is entered and continues until fully paid.
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Accrued Arrears (if any, on judgments to be paid on a periodic basis)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	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).
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Costs and Service Expenses (e.g., filing fees, hearing fees, trial fees, process fees)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$_____ \$_____
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> State of Oregon	
Attorneys Fees (if any)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$_____ \$_____
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	

DATED this _____ day of _____, 20_____.

Circuit Court Judge

Print Name

- Approved as to form** (*based on a judge's ruling from a trial*)
- All parties have agreed** (*stipulated*) **to the terms of this judgment.** (Sign before a notary public or court clerk only.)

Petitioner, Signature

State of _____)
 _____)
 County of _____)

This instrument was acknowledged before me on *(date)* _____, 20____, by _____
(name of person) _____).

 Notary Public for _____/Court Clerk
 My Commission Expires: _____

Respondent, Signature

State of _____)
 _____)
 County of _____)

This instrument was acknowledged before me on *(date)* _____, 20____, by _____
(name of person) _____

 Notary Public for _____/Court Clerk
 My Commission Expires: _____

If applicable, child who is at least 18 and under 21 years of age, has agreed (*stipulated to the terms of this judgment*):

 Child, Signature

State of _____)
 County of _____)

This instrument was acknowledged before me on *(date)* _____, 20____,) by _____
(name of person) _____

 Notary Public for _____/Court Clerk
 My Commission Expires: _____

