

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

Case No: _____

Petitioner

and

Respondent

and

**PETITION FOR CUSTODY,
PARENTING TIME
AND CHILD SUPPORT**

Filing Fees at ORS 21.155

Claim is not subject to
mandatory arbitration

Unmarried children 18, 19, or 20 years old (*full names*)

➤ *I need an interpreter:* Spanish Russian other: _____

I, Petitioner, ask the court to grant custody, parenting time, and child support as specified below. I am not married to the respondent in this case.

1. Residency

- At least one parent currently lives in the county where this petition is being filed **or**
- All of the minor children named in Section 2 live or can be found in the county where this Petition is being filed.

2. Minor children of Petitioner and Respondent (*list only children born to BOTH parties, not children that one party has with someone else*)

Name	Age

Additional children listed on page attached titled "Section 2—Additional Children"

3. Paternity has been established by:

filing a voluntary acknowledgment of paternity (*e.g., birth certificate*) with the State Registrar of the Center for Health Statistics for children (*list names*): _____

administrative/agency order docketed with (*court*): _____, as case number _____, located in _____ county, for children (*list names*): _____

judicial order entered in (*court*): _____, as case number _____, located in _____ county, for children (*list names*): _____

another method (*explain*): _____ for children (*list names*): _____

4. Pending/Existing Child Support

A Certificate Re: Pending Child Support Proceedings and/or Existing Child Support Orders/Judgments must be included with this Petition in all cases.

Has any other child support case been started or finished in any state regarding any of the children in Section 2? No Yes

5. I acknowledge by filing this petition I am bound by the terms of the Statutory Restraining Order (SRO) prohibiting either party from making certain changes to insurance policies that affect our minor children. I understand this restraining order is effective on Respondent as of the date of service.

6. Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) Information

6A. List the county and state where any of the children in Section 2 have lived in the last five years, the names of the people they lived with at that time, and **CURRENT** address for those people.

Dates From/To	County, State	Name of Parent/Caretaker	CURRENT Address/Contact Address of Parent/Caretaker	Which Children

Additional page attached titled "Section 6A—UCCJEA"

6B. The children listed in Section 2 have continuously lived in Oregon for the six months before the filing of this Petition, except for the children named below:

The following children have **not** lived in Oregon continuously for six months: (*names*) _____

There is another legal basis for Oregon to address custody of these children. *Explain:*

6C. I have not participated in any legal case about the custody or parenting time of the children in Section 2 in any state **or** I have participated in the following litigation:

Name of Court	State	Case No.	Date Filed	Result

Additional page attached titled "Section 6C—UCCJEA"

6D. I do not know of any other proceeding that may affect the outcome of this case, including enforcement of domestic violence or protective orders, adoption, or termination of parental rights involving any of the children pending in any state except for: (*identify affected children, court, case number, and the kind of proceeding*)

6E. I do not know any person besides the other parent who has physical custody of the children or who claims to have custody, visitation or parenting time rights except for: (*list name and address and affected children*)

7. Custody and Parenting Time

Custody of the children should be awarded as follows:

The parties should have joint custody of the following children (*list names*): _____

I should have sole custody of the following children (*list names*): _____

Respondent should have sole custody of the following children (*list names*): _____

Petitioner Respondent should have parenting time as set forth in the attached

Parenting Plan, labeled Exhibit _____ **or** as follows _____

Parenting time should be supervised by _____

Any cost of supervision should be paid by Petitioner Respondent Other: _____

Petitioner Respondent should not be granted parenting time because this would endanger the health or safety of the children. **State supporting facts:** _____

Relocation

I should be allowed to move more than 60 miles further distant from the respondent without advance written notice because good cause exists (*explain*): _____

Contact Information

I should not be required to provide contact information to Respondent or to contact Respondent in case of emergency circumstances or substantial change in the health of the children because: _____

8. Support

A. Child Support

There **IS** an existing child support order in the monthly amount of \$ _____ from _____ County, state of _____ The court case number is _____ and the Child Support Program (CSP) number is _____

I **do not** want to change this amount (*skip to section 8D, below*)

I **do** want to change this amount because circumstances have changed significantly since the order was issued. *Explain the change* _____

(*fill in the sections below with the new amount you are requesting*)

or

There **IS NOT** an existing child support order from any other court or agency

I **am not** requesting child support because _____

(*skip to section 8B, below*)

I **am** requesting child support (*fill in the sections below*)

1. Support (including Cash Medical Support) is presumed to be unavailable because the parent who would pay (*check all that apply*):

receives cash payments from a **public assistance** program including TANF or SSI

is (or is expected to be) **incarcerated** (in jail or prison for at least six months) and has income less than \$200 per month

Support should be ordered despite the presumption (*explain why and complete section 2, below*): _____

2. Support should be ordered payable:

by Petitioner Respondent

to Petitioner Respondent Adult Child Attending School (*name*): _____

on the first **or** _____ day of each month

beginning the month following entry of this judgment **or** the date of service of this Petition and continuing until the child reaches 18 years of age or is otherwise emancipated, or until the child reaches age 21 so long as the child is a child attending school as defined by Oregon law.

The total monthly amount should be:

Determined under the Oregon child support guidelines prior to judgment **or**

\$ _____, which is (*check one*)

the amount presumed correct as reflected on the child support guideline worksheets attached to this petition **or**

different from the amount presumed correct by the child support guidelines because the guideline amount would be unjust or inappropriate (*explain*) _____

B. Medical Support

Medical support has already been ordered in another case as noted in Section 4 above

The existing order should not be changed. (*skip to Section C below*)

The existing order should be changed (*fill out the sections below*). I have also requested a change of child support above.

If medical support has not been ordered in another case, complete sections below.

1. Private Health Insurance:

is appropriate and available to (*check one or both*)

Petitioner Respondent

and

both parents have agreed to provide coverage **or**

Petitioner Respondent should be ordered to keep insurance throughout the period of the child support obligation

is not appropriate or available to either parent

The parent awarded custody should enroll the children in public health insurance until private health insurance becomes available. The first parent with access to appropriate private health insurance for the children should be ordered to provide it.

Cash Medical Support

(If no private health insurance is available to either parent, then the parent who is ordered to pay child support will also be ordered to pay cash medical support according to the Child Support Guidelines unless the court finds reason not to)

Cash Medical Support should **not** be ordered because:

Support is presumed to be unavailable for the reason marked in Section 8(A)(1), above (*Note: if you asked that support be awarded anyway, do not mark this box*)

The parent paying child support has income at or below Oregon's minimum wage for full-time employment, so cash medical support should not be ordered.

The children's medical needs will be met by the Uninsured Medical Expenses provision below.

Other (*explain*): _____

2. Uninsured Medical Expenses

Uninsured medical expenses should not be awarded **or**

Petitioner should pay _____% and Respondent should pay _____% of the unreimbursed costs of the children's reasonable medical, dental, and vision care. This does not include ordinary expenses like nonprescription medication, bandages, vitamins, and copays for regular checkups, which the parents are presumed to provide for the children in proportion to their parenting time. This obligation is in addition to any child support **and** will be **offset** by any cash medical support ordered above **or**

This obligation should be **in addition** to any child support and cash medical support ordered above

C. Payment

I understand that payments will be made by income withholding unless an exception applies.

I request an exception to the income withholding requirement of ORS 25.378 so that payment can be made another way because good cause exists:

Petitioner and Respondent have agreed in writing to the following alternative payment method (*explain*): _____

Other exception under ORS 25.396 (*explain*): _____

All support payments should be made to the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309.

or

An exception to income withholding applies as noted above. All support payments should be made to the recipient's checking or savings account. The receiving parent should be ordered to provide the paying parent with current deposit slips or bank name, account name, and account number.

or

Other (*explain*): (*only available if you request an exception to income withholding, above*) _____

Adult Child Attending School

Support for an adult child attending school as defined by ORS 107.108 should be paid by the Division of Child Support (DCS) directly to the child unless good cause exists for payment to be made another way.

GOOD CAUSE exists for DCS not to pay support directly to a child attending school (*explain*): _____

D. Tax Dependents

(Note that the judgment is not binding on the IRS and will not provide a defense if the parties fail to comply with IRS regulations in any given tax year. Speak to a lawyer or tax professional.)

Petitioner Respondent should be permitted to claim the following children as dependents for tax purposes beginning with the **tax** year this judgment is entered. The other parent must complete any IRS waivers or forms necessary to accomplish this order in each tax year and must not file contradictory tax returns.

List names: _____

or

Other (specify): _____

E. Life Insurance Coverage for Children

The party paying support should carry life insurance for the benefit of the parties' children throughout the period of the support obligation. The coverage should be in the amount of \$_____.

9. Additional Provisions _____

Additional page attached titled "Section 9—Additional Provisions"

10. A Confidential Information Form (CIF) has been completed and filed with the court clerk containing all information required by ORS 107.085 that is identified as confidential by UTCR 2.130 for: Petitioner Respondent each adult child

11. Court Costs and Fees for this case (whether paid or deferred)

- Each party should be responsible for paying his or her own costs and fees.
- Costs and fees should be paid by both parties equally.
- Respondent should reimburse Petitioner for costs and fees paid.
- Other: _____

I request a Judgment granting the relief asked for above, and other equitable relief that the court finds just.

Certificate of Document Preparation. Check all 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/document.

I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.

DATED: _____

Petitioner Signature Print Name

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