

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

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

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: _____

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