

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

In the Matter of:

_____,
Petitioner,

and

_____,
Respondent

and

_____,

Child who is **at least 18 and under 21 years**
of age, unmarried and unemancipated.
(ORS 107.108)

)
) Case No. _____
)
) SUPPLEMENTAL JUDGMENT MODIFYING
) JUDGMENT RE: CUSTODY,
) PARENTING TIME, CHILD SUPPORT,
) HEALTH CARE COVERAGE,
) SPOUSAL SUPPORT, ORDER RE:
) JURISDICTION
)
)
)
)

1. This matter came before the Court:

- A. On the stipulations of the parties, as shown by their notarized signatures below
- B. At a hearing held (date) _____, at which the following persons were present:
 - Petitioner Petitioner's attorney _____
 - Respondent Respondent's attorney _____
 - Child Attending School Adult child's attorney _____

2. Findings. The Court considered the: Affidavit and Stipulations Evidence presented and found that:

- A. **Child Custody Jurisdiction.** (Check appropriate boxes)
 - Oregon has jurisdiction under the Uniform Child Custody Jurisdiction and Enforcement Act to hear the
 - custody parenting time issue(s) because:
 - (1) If Oregon is the issuing state:
 - The child/ren has/have resided in Oregon continuously for the six month period before commencement of this proceeding; or
 - Other basis for jurisdiction: _____
 - (2) If Oregon is not the issuing state (indicate state of issuance: _____):
 - Neither the child/ren nor the parents presently reside in the issuing state.
 - Other basis for jurisdiction: _____
 - Oregon does not have jurisdiction under the Uniform Child Custody Jurisdiction Act because: _____

3. **Custody.** A substantial change in circumstances has occurred since the last custody order, and it is in the child/ren's best interest to change the custody terms.

4. **Parenting Time.** It is in the child/ren’s best interest to change the parenting time terms.
5. **Child Support.** A change in custody, parenting time, or other circumstance, has occurred requiring a change in the current support obligation.

A. **Child/ren Health Care Coverages:** (Check appropriate boxes)

- Neither party has appropriate private nor public health care coverage available for the parties’ child/ren.
- It is not appropriate for the court to order one or both parties to pay cash medical support because:
- Mother Father and/or Child/ren and/or dependent Child/ren in a party’s household is/are eligible to receive public medical assistance and cannot be ordered to pay cash medical support.
- Other: _____

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

_____ (child/ren’s name) is at least 18 and under 21 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.

6. **Spousal Support.** The court finds a modification of spousal support is appropriate based on:

- A substantial change in economic circumstances of a party.
- An involuntary, extraordinary and unanticipated change in circumstances reduction in the earning capacity of the spouse ordered to pay compensatory spousal support.
- An expected financial event has not occurred.
- The basis for a termination of support has ceased to exist and reinstatement is just and equitable under all the circumstances.
- Other: _____

IT IS THEREFORE ORDERED that:

The Judgment is modified as follows:

1. **Parenting Plan:**

- (a) Petitioner Respondent is awarded sole custody of the child/ren (*list names and ages*):

 The child/ren’s dates of birth are listed on the UTCR 2.130 Confidential Information Form.

- (b) The parties have agreed to joint custody of the following child/ren: (*list names and ages*):

 The child/ren’s dates of birth are listed on the UTCR 2.130 Confidential Information Form.

- (c) Petitioner Respondent shall have parenting time with the child/ren as set forth in the attached Parenting Plan, labeled Exhibit _____, or Other: (*be very specific*) _____

(d) Petitioner Respondent shall not be granted parenting time because this would endanger the health and safety of the child/ren. Supporting facts are as follows: _____

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

(f) 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.

(g) 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.

(h) 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:

(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 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. **Child Support Arrearage.**

- Petitioner's Respondent's child support arrearage shall be adjusted as follows: _____

4. **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 must 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.

5. Length of Child Support.

The support for each child shall continue 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.

6. 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 ABOUT PERIODIC REVIEWS

If you are receiving child support services through the Department of Justice pursuant , either party 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.

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 or 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.

7. Tax Dependents. (Check one.)

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): _____

8. 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 \$_____.

9. Spousal Support.

Petitioner’s Respondent’s spousal support obligation is terminated or modified effective (date)_____.

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 _____'s checking or savings account. A receipt of deposit shall be kept by the paying spouse as proof of payment. The spouse receiving support shall provide the paying spouse with current deposit slips and/or bank name, account name, and account number.

Spousal support payments are taxable to the obligee spouse and deductible to the obligor spouse. 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 \$_____.

10. Spousal Support Arrearages.

Petitioner's Respondent's spousal support arrearage shall be adjusted as follows: _____

11. Life Insurance Coverage.

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

12. Additional Provisions. _____

Additional page attached labeled "Paragraph 12—Additional Provisions continued."

13. Preservation of General Judgment Terms. Any terms in the original Judgment or any previous Supplemental Judgment not amended by this Supplemental Judgment shall remain in full force and effect.

14. 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 deferred 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 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.

- 15. Money Award.** Child Support Obligation included not included
 Spousal Support Obligation included not included

Additional information required by ORS 18.042	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			

Others Entitled to Portions of Judgment	The following person(s) or public bod(ies) are known by judgment creditor to be entitled to a portion of a payment made on the judgment (other than the judgment creditor's attorney): None or <input type="checkbox"/> _____ _____ _____
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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> _____. <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 for Adult 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> _____. <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 for Adult 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> _____. <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	
Spousal Support Award	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	1. \$ _____ per month starting on the first or <input type="checkbox"/> Other: _____ day of the month following the date of the judgment lasting until _____ (date), or the death of either party, whichever comes first; OR 2. A lump sum payment of \$ _____ to be paid by <i>(date)</i> _____.
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	

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 the first 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	
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	
Postjudgment Interest (Note: ORS 21.700) disallows interest on fees that have been deferred.)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	_____ percent per annum simple interest on the total judgment amount(s) of \$ _____. Interest begins accruing on the date the judgment is entered 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	

Type of Judgment		Amount of Judgment
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 hearing)*
- All parties have agreed** *(stipulated)* **to the terms of this judgment.** **(Sign before a notary public or court clerk only.)**

 Petitioner, Signature

 Respondent, Signature

State of _____
County _____

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

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

State of _____
County _____

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

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

