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

		Case No.	
and	Petitioner	_	FICATE OF MAILING OR VERY TO DIVISION OF CHILD SUPPORT
	Respondent		
I certify that on (date) _ first-class mail a true co branch office of the Dep (list address):	opy of the <i>Motion</i> in th partment of Justice, Di	e above dom vision of Chi	
I hereby declare that t and belief. I understar subject to penalty for p	nd they are made for		he best of my knowledge nce in court and I am
Date		Signature	{☐ Petitioner ☐ Respondent}
		Name (print	ed)
Contact Address	City / State / Z	ZIP	Contact Phone