

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

Case No: _____

Petitioner
and

Respondent

**PETITION FOR CUSTODY
AND PARENTING TIME
AND CHILD SUPPORT**
Filing Fees at ORS 21.155

Claim is not subject to mandatory arbitration

and

Unmarried children 18, 19, or 20 years old (per ORS 107.108) (full names)

➤ I need an interpreter: Spanish ASL 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 (check all that apply)

- At least one parent currently lives in the county where this petition is being filed
 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"

3. Parentage (complete all that apply)

Parentage (who the legal parents are) has been established for both parties by:

- petitioner respondent giving **birth** to (names): _____
- filing a **Birth Certificate** or **Voluntary Acknowledgment of Paternity form** listing petitioner respondent as the parent of children (names): _____
- **judicial** order or **administrative/agency** order
(court/agency name): _____ case number _____
located in (county/state) _____

re: petitioner respondent for children (list names): _____

➤ **other** method (explain): _____

re: petitioner respondent for children (list names): _____

4. By filing this petition, I acknowledge that 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 that this restraining order is effective as soon as this *Petition* and the *Summons* are served on Respondent.

5. Other Case Information

A No-Contact Order (criminal or other) prohibits me the other parent from exercising parenting time
Case # _____ County/State: _____

5A. Pending Cases

Has any other case been started but not yet finished in any state regarding any of the parties' minor children? (including child support, dissolution (divorce), annulment, separation, custody, paternity, juvenile court, or modification cases)

No Yes – as follows

Name of Court or Agency	Case No.	Involves: (check all that apply)
		<input type="checkbox"/> Child Support <input type="checkbox"/> Custody/Parenting Time <input type="checkbox"/> Restraining Order <input type="checkbox"/> Juvenile Dependency/Delinquency

5B. Existing Orders or Judgments

Is there an order or judgment in this or any other state between the parties? (including child support (whether or not it is currently effective), dissolution (divorce), annulment, separation, custody, paternity, juvenile court, modification, or restraining/protective orders)

No Yes – as follows (attach a copy of the signed order or judgment)

Name of Court or Agency	Case No.	Date Signed	Involves: (check all that apply)
			<input type="checkbox"/> Child Support <input type="checkbox"/> Custody/Parenting Time* <input type="checkbox"/> Restraining Order <input type="checkbox"/> Juvenile Dependency/Delinquency
*Result (if custody/parenting time):			

Additional information attached

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

You must advise the court if any of this information changes

6A. Other than any cases listed above, have you participated in any case about the CUSTODY or PARENTING TIME (visitation) of the minor children named in this case? *(include cases that were filed but dismissed or denied by the court, and any cases filed by or against someone other than the Petitioner and Respondent in this case.)*

No Yes – as follows:

Name of Court	State	Case No.	Date of final decision	Result <i>(include names of affected children)</i>

6B. Do you know of any OTHER legal proceeding that may affect the outcome of this case? *(including enforcement of domestic violence or protective orders, adoption, termination of parental rights, or guardianship involving any of the children pending in any state)*

No Yes – as follows:

Name of Court	State	Case No.	Type of Case	Affected Children

6C. List the places where the **minor** children have lived in the last five years, the names of the people they lived with at that time, and *current* contact addresses for those people

Current:

Child’s Name	Current Address	Lives with:
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other: _____

Residences:

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

Additional page attached titled “Section 6 - UCCJEA”

Additional Caregivers:

Dates From/To	Name of Parent/Caretaker	Where did they live with this caretaker?	Contact Address of Parent/Caretaker	Which Children

6D. 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** live in Oregon continuously for six months: (names) _____

There is another basis for Oregon to address these children. *Explain:* _____

6E. I do not know any person other than 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): _____

7. Custody and Parenting Time

Custody of the children should be awarded as follows:

Parties should have joint custody of the following children (list names): _____

I should be awarded sole custody of the following children (list names): _____

Respondent should be awarded sole custody of the following children (list names): _____

Parenting time should be awarded as set forth in the attached **Parenting Plan**, labeled Exhibit _____ **or** as follows _____

Parenting time should be supervised by _____

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

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**: _____

Parental Authority under ORS 107.154

Respondent should not have authority under ORS 107.154 (*explain*): _____

8. Support

A. Child Support

<input type="checkbox"/> There IS an existing child support order in the monthly amount of \$ _____ from (<i>county, state</i>) _____ The court case # is _____ and the Child Support Program (CSP) # is _____ <input type="checkbox"/> I do not want to change this amount (<i>skip to section 8D, below</i>) <input type="checkbox"/> I do want to change this amount because circumstances have changed significantly since the order was issued. <i>Explain the change</i> _____ _____ _____ _____ (<i>fill in the sections below with the new amount you are requesting</i>)

(or)

<input type="checkbox"/> There IS NOT an existing child support order from any other court or agency <input type="checkbox"/> I am not requesting child support <i>because</i> _____ _____ _____ (<i>skip to section 8B, below</i>) <input type="checkbox"/> I am requesting child support (<i>fill in the sections below</i>)
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A.1 **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 6 months)

Support should be ordered despite the presumption (*explain why and complete Section 8.A.2, below*): _____

A.2 Support should be ordered payable:

by Petitioner Respondent
to Petitioner Respondent Adult Child Attending School (*name*): _____
on the first day of each month
beginning the month following entry of this judgment or the date of service of this *Petition*

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 8A above
 The existing order should not be changed (*skip to Section B.2 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

B.1 Health Insurance Coverage:

Petitioner Respondent both parents should be ordered to provide health insurance coverage throughout the period of the child support obligation

Cash Medical Support

(If health insurance is not available, 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.i, 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*): _____

B.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

How should payments be made?

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*) _____

Where should payments go?

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. Deposit receipts should be kept by the paying parent as proof of payment. 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

The Division of Child Support (DCS) should pay support for an adult child attending school 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. Length of child support

Support should end when the last child becomes self-supporting, emancipated, or married, or reaches age 18

Support should continue until the last child reaches age 21 if the child qualifies as a child attending school under ORS 107.108

E. 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): _____

F. 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 court costs and service fees paid
- Other: _____

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

Certificate of pending/existing child support proceedings

- There is is not a PENDING child support proceeding
- There is is not an EXISTING child support order or judgment

Information about any pending or existing child support proceedings is included above

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

Date

Signature

Email

Name (printed)

Contact Address

City, State, ZIP

Contact Phone

Optional: APPLICATION FOR FULL CHILD SUPPORT PROGRAM SERVICES

- *NOTE: If more than \$550 is collected each year, a \$35 fee will apply unless you have received TANF, tribal TANF, or AFDC in any state*

The Oregon Child Support Program will provide collection and other child support services unless you opt out here:

I **opt-out** of Oregon Child Support Program services
