

# Clatsop County Parenting Plan Enforcement Instructions for Packet No. 5A

## Important Notice about Enforcement of Orders from Another Court.

To enforce an out-of-state Parenting Plan Order or Judgment, you will **also** have to complete the forms in Packet #5C - Registration for Enforcement of Out-of-State Orders. The forms are available on the OJD Family Law Website at the "Family Law Forms" link: <http://ojd.state.or.us/familylaw>. If the Order was entered in another Oregon county, you will need to file a request to transfer with the court that entered the Order (see Packet #11-Change of Venue/Transfer Case) or file for enforcement of the Parenting Plan in that court.

## All Cases

If the copy of the Parenting Plan Judgment or Order you attach to your Motion contains confidential personal information, you must redact – black out or erase – that information.

## STEP 1

**If your case involves an OREGON Order or Judgment**, fill out the following forms:

- Motion for Order to Show Cause RE: Enforcement of Parenting Plan; and Order
- Affidavit Supporting Motion/Petition for Enforcement of Parenting Plan
- (2) CIF Form 2.130.1
- Notice of CIF Filing

➤ You must fill out a CIF form for yourself and another for the other party. See the CIF forms and CIF information sheet for the type of information that must be protected.

➤ The case heading is the same as it was when Visitation Plan or Parenting Plan was ordered.

**If your case involves an OUT-OF-STATE Order or Judgment (whether registered or not)**, fill out the following forms:

- Petition for Order to Show Cause RE: Enforcement of Parenting Plan; and Order
- Affidavit Supporting Motion/Petition for Enforcement of Parenting Plan
- (2) CIF Form 2.130.1
- Notice of CIF Filing

➤ You must fill out a CIF form for yourself and another for the other party. See the CIF forms and CIF information sheet for the type of information that must be protected.

➤ If you are requesting enforcement of an Out-of-State Order, you are the Petitioner.

➤ You must fill out a CIF form for yourself and another for the other party. See the CIF forms and CIF information sheet for the type of information that must be protected.

**Wait to sign the documents until you are in the presence of a court clerk or a notary public.**

**Attach a certified copy of the Order or Judgment that established the Parenting Plan or Visitation Schedule you are now asking the court to enforce to the original Motion/Petition you just filled out.**

### **STEP 2**

Make a copy of all documents you have just completed.

File the original documents with the court clerk and pay the filing fee or submit an Application for Deferral or Waiver of Fees and a Declaration for Deferral or Waiver of Fees.

Write the case number on your copies of the documents if they do not have the number on them already.

### **STEP 3**

Check back with the court to see if the Order was signed. The court clerk will give you a certified copy of the enforcement documents you filed with the court, including a copy of the signed Order.

Have the other party served with these documents. You cannot serve the papers yourself. You may ask your local sheriff's office or a private process server to serve the papers for you. Make sure the person who completes service files a proof of service with the court, detailing how service was made.

### **STEP 4**

Attend the hearing set for the Motion/Petition and Order. Listen closely to the judge's decisions, taking notes if necessary.

### **STEP 5**

After the hearing, the judge may require that you complete a form called Judgment Re: Enforcement of Parenting Plan (Judgment). If so, you should serve the other side with a copy of the proposed Judgment before you file it with the court. You may want to contact the Family Resource Center for assistance. If the judge prepares the Judgment, you should obtain a copy for your records.

**TO PETITIONER AND RESPONDENT:**

**NOTICE OF “Enforcement of Parenting Plan” HEARING:**

The Court has scheduled a hearing on the Motion to Show Cause Re: Enforcement of Parenting Plan on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom: \_\_\_\_\_

*(To Be Completed by Court Staff Only)*

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

In the Matter of

\_\_\_\_\_

Petitioner,

and

\_\_\_\_\_

Respondent.

Case No. \_\_\_\_\_

MOTION FOR ORDER TO SHOW CAUSE RE  
ENFORCEMENT OF PARENTING PLAN

[DOMESTIC RELATIONS CASE  
SUBJECT TO FEE UNDER ORS 21.205(3)(a)]

**1.**  
**Motion**

Petitioner  Respondent requests that the court Order the other party to appear in Clatsop County Circuit Court in Astoria, Oregon, to show cause why Parenting Plan should not be enforced and remedies ordered as indicated below:

- a. Modifying the provisions of the Parenting Plan by:
- Specifying a detailed Parenting Plan schedule, as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Imposing additional terms and conditions on the Parenting Plan schedule as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ordering the following additional parenting time, if in the best interests of the child, to compensate for wrongful deprivation of parenting time: \_\_\_\_\_

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b.  Ordering the party who is violating the Parenting Plan to post bond or security.

c.  Ordering  Petitioner  Respondent to attend counseling or educational sessions focusing on the impact of violating the Parenting Plan on children.

d.  Awarding the prevailing party his or her expenses incurred in enforcing the Parenting Plan, including but not limited to attorney fees ORS 107.434(2), filing fees and court costs.

e.  Terminating  Suspending  Modifying spousal support.

f.  Terminating  Suspending  Modifying child support if the Court finds that parenting time has been denied or interfered without good cause and the other requirements of ORS 107.431 are met.

g.  Scheduling a hearing for modification of custody.

h.  Other:

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## 2.

### **Order Establishing Parenting Time**

A copy of the Order or Judgment establishing the parenting time is attached to this Motion.

NOTICE: Review the Confidential Information Form (CIF) information sheet. If the copy of the order or judgment establishing parenting time you are attaching to this motion contains protected information, you must redact – black out or erase – that information from the copy.
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## 3.

### **Points and Authorities**

This request is based on ORS 107.434 which requires an expedited hearing and authorizes various remedies for violations of Parenting Plans.

4.

**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 document.

DATED: \_\_\_\_\_

\_\_\_\_\_  
 Petitioner     Respondent, Signature

**Submitted by:**

\_\_\_\_\_  
 Petitioner     Respondent, Print Name

\_\_\_\_\_  
Address or Contact Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone or Contact Telephone

**I certify that this is a true copy:** \_\_\_\_\_

Petitioner     Respondent, Signature

**Notice About Sanctions**

The remedies the Court may impose as a result of this Motion to Enforce Parenting Plan are listed on pages 1 and 2 of this document, in Section 1, paragraphs "a" through "h".

When pleaded and shown in a separate legal action, violation of court orders, including Parenting Plan and Visitation Orders, may also result in a finding of **contempt of court**, which can lead to fines, imprisonment, or other penalties, including compulsory community service.

**TO PETITIONER AND RESPONDENT:**

**NOTICE OF "Enforcement of Parenting Plan" HEARING:**

The Court has scheduled a hearing on the Petition to Show Cause Re: Enforcement of Parenting Plan on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom: \_\_\_\_\_

*(To Be Completed by Court Staff Only)*

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

In the Matter of

\_\_\_\_\_

Petitioner,

and

\_\_\_\_\_

Respondent.

Case No. \_\_\_\_\_

PETITION FOR ORDER TO SHOW CAUSE  
RE ENFORCEMENT OF PARENTING PLAN

STATE OF \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

**1.**  
**Petition**

Petitioner  Respondent requests that the court order  Petitioner  Respondent to appear in Clatsop County Circuit Court in Astoria, Oregon, to show cause why the Parenting Plan should not be enforced and remedies ordered as indicated below:

- a. Modifying the provisions of the Parenting Plan by:
    - Specifying a detailed Parenting Plan schedule, as follows: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Imposing additional terms and conditions on the Parenting Plan schedule as follows: \_\_\_\_\_

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Ordering the following additional parenting time, if in the best interests of the child, to compensate for wrongful deprivation of parenting time: \_\_\_\_\_

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b.  Ordering the party who is violating the Parenting Plan to post bond or security.

c.  Ordering  Petitioner  Respondent to attend counseling or educational sessions focusing on the impact of violating the Parenting Plan on children.

d.  Awarding the prevailing party his or her expenses incurred in enforcing the parenting plan, including but not limited to attorney fees ORS 107.434(2), filing fees and court costs.

e.  Terminating  Suspending  Modifying spousal support.

f.  Terminating  Suspending  Modifying child support if the Court finds that parenting time has been denied or interfered with without good cause, and other requirements of ORS 107.431 are met.

g.  Scheduling a hearing for modification of custody.

h.  Other:

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**2.**

**Order Establishing Parenting Time**

A copy of the Order or Judgment establishing the parenting time is attached to this Petition.

NOTICE: Review the Confidential Information Form (CIF) information sheet. If the copy of the order or judgment establishing parenting time you are attaching to this motion contains protected information, you must redact – black out or erase – that information from the copy.

**3.**  
**Points and Authorities**

This request is based on ORS 107.434 which requires an expedited hearing and authorizes various remedies for violations of parenting plans.

**4.**  
**Information Required by the UCCJEA**

a. The Court that issued the Order or Judgment I am asking this Court to enforce  did  did not identify the jurisdictional basis it relied upon when it exercised jurisdiction over the child/ren. The basis was:

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*(fill out if the court did identify the jurisdictional basis)*

b. The Order or Judgment that I am asking the Court to enforce  has  has not been vacated, stayed or modified. The name of the court, case number and nature of the proceeding is as follows: \_\_\_\_\_

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*(fill out if the Order has been vacated, stayed or modified)*

c. No proceeding involving domestic violence, custody or any other issue regarding the child/ren has been started that could affect this proceeding, except: \_\_\_\_\_

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*(List court, case number and nature of proceeding)*

d. The present physical address of the child and the other party is: \_\_\_\_\_

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e. The Order I am asking the court to enforce  has  has not been registered and confirmed under the UCCJEA. The date and place of registration are as follows: \_\_\_\_\_

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*(Fill out if order has been registered and confirmed)*

5.

**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 document.

DATED: \_\_\_\_\_.

\_\_\_\_\_  
Petitioner, Signature

SIGNED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_

**Submitted by:**

\_\_\_\_\_  
Petitioner, Print Name

\_\_\_\_\_  
Address or Contact Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone or Contact Telephone

**I certify that this is a true copy:** \_\_\_\_\_

Signature of Petitioner

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///  
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**Notice About Sanctions**

The remedies the Court may impose as a result of this petition to enforce a Parenting Plan are listed on pages 1 and 2 of this document, in Section 1, paragraphs "a" through "h".

When pleaded and shown in a separate legal action, violation of court orders, including parenting time and visitation orders, may also result in a finding of contempt, which can lead to fines, imprisonment, or other penalties, including compulsory community service.

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

In the Matter of:

\_\_\_\_\_  
Petitioner,  
and  
\_\_\_\_\_  
Respondent.

Case No. \_\_\_\_\_

ORDER RE ENFORCEMENT OF  
PARENTING PLAN

The Motion for Order to Show Cause re Enforcement of Parenting Plan is allowed. The parties are ordered to appear on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ a.m./p.m. in Room \_\_\_\_\_ in \_\_\_\_\_ County Courthouse in \_\_\_\_\_, Oregon, to show cause why Parenting Plan should not be enforced in the way(s) listed in the Motion.

The Motion for Order to Show Cause re Enforcement of Parenting Plan is denied.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Circuit Court Judge

\_\_\_\_\_  
Print Name

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

In the Matter of:

\_\_\_\_\_  
Petitioner,  
and  
\_\_\_\_\_  
Respondent.

Case No. \_\_\_\_\_

ORDER RE ENFORCEMENT OF PARENTING  
PLAN

STATE OF \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

The Petition for Order to Show Cause re Enforcement of Parenting Plan is allowed. The parties are ordered to appear on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ a.m./p.m. in Room \_\_\_\_\_ in \_\_\_\_\_ County Courthouse in \_\_\_\_\_, Oregon, to show cause why Parenting Plan should not be enforced in the way(s) listed in the Petition.

The Petition for Order to Show Cause re Enforcement of Parenting Plan is denied.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Circuit Court Judge

\_\_\_\_\_  
Print Name

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

In the Matter of \_\_\_\_\_ )

\_\_\_\_\_ )

\_\_\_\_\_ )

Petitioner, )

and \_\_\_\_\_ )

\_\_\_\_\_ )

\_\_\_\_\_ )

Respondent. )

Case No. \_\_\_\_\_

**AFFIDAVIT OF  PETITIONER  
 RESPONDENT SUPPORTING  
MOTION/PETITION FOR  
ENFORCEMENT OF PARENTING  
PLAN**

STATE OF \_\_\_\_\_ )

County of \_\_\_\_\_ ) ss.

\_\_\_\_\_ )

I am  Petitioner  Respondent in this proceeding and I make this Affidavit to support my Motion/Petition for Enforcement of the Parenting Plan. The other party violated my parenting time, or substantially violated the Parenting Plan, in the following way(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional page labeled "Details About Parenting Plan Violations, continued."

I request that the Court enforce the Parenting Plan and order the remedies I selected in my Motion because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If you asked the court to modify the Parenting Plan provisions or schedule a hearing for modification of custody in your Motion, you must provide the following information:*

**Information Required by the UCCJEA.** List the places where the minor child/ren of the parties have lived in the last five years and the names of the people they lived with at that time.

Dates	County, State	Parent(s)/Caretaker	Current Address/Contact Address of Parent/Caretaker	Which Children

Additional page attached; see section labeled "UCCJEA Information continued."

I  have  have not participated in any litigation concerning the custody, visitation, parenting time or placement of the child/ren in this or any other state. I have participated in the following litigation:

Name of Court	State	Case No.	Date	Result

I do not know of any other domestic violence, custody, visitation, parenting time or placement proceeding involving the child/ren, or of any other court case which could affect this case, pending in this or any other state  except for: \_\_\_\_\_

\_\_\_\_\_

*(identify court, case number and the kind of proceeding)*

I do not know any person other than the other party who has physical custody of the child/ren or who claims to have custody, visitation or parenting time rights  except for: \_\_\_\_\_

\_\_\_\_\_

*(list name and address)*

**I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner Respondent

\_\_\_\_\_  
Print Name

SIGNED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk

My Commission Expires: \_\_\_\_\_

**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 document.

\_\_\_\_\_  
Petitioner/Respondent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address or Contact Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone or Contact Telephone

**I certify that this is a true copy:** \_\_\_\_\_

Petitioner  Respondent, Signature

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
 FOR \_\_\_\_\_ COUNTY

\_\_\_\_\_) )  
 \_\_\_\_\_) )  
 Petitioner  Co-Petitioner, )  
 and )  
 \_\_\_\_\_) )  
 Respondent  Co-Petitioner. )  
 \_\_\_\_\_) )  
 Child At Least 18 But Under 21 )  
 Other \_\_\_\_\_ )

Case No.: \_\_\_\_\_

**FAMILY LAW CONFIDENTIAL INFORMATION  
 FORM (CIF)**  
 Amended CIF

**This document is not accessible to the public  
 or other parties. Exceptions may apply. See  
 UTCR 2.130.**

**ATTENTION COURT STAFF: THIS IS A RESTRICTED-ACCESS  
 DOCUMENT.**

The information below is about:  Petitioner  Respondent  Co-Petitioner \_\_\_\_\_

Child at least 18 but under 21: \_\_\_\_\_

Other: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_

The names of the parties and the children, as well as the children's ages, are NOT confidential.

Former Legal Name(s) (if applicable):
Date of Birth:
Social Security Number:
Driver License (Number and State):
Employer's Name, Address, and Telephone Number:

Children's Names (Last, First, Middle)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth	Social Security Number

Please attach an additional sheet if there are more than five children involved in the proceeding.

**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 are subject to penalty for perjury.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

**COMPLETED AND SUBMITTED BY:**

Petitioner  Respondent  Co-Petitioner \_\_\_\_\_

Child who is at least 18 and under 21: \_\_\_\_\_

Other: \_\_\_\_\_

**NOTE TO COURT STAFF: Unless ordered or authorized under UTCR 2.130, this Confidential Information Form is not available to the opposing party or his/her attorney, or to the public; except for the state.**



2) Name (Last, First, Middle): \_\_\_\_\_  
 Petitioner  Respondent  Co-Petitioner  Adult Child  Other: \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

- party's social security number,  party's date of birth,  children's social security number,
- children's date of birth,  employer's name, address, and telephone number,  driver license number,
- former legal name(s).

3) Name (Last, First, Middle): \_\_\_\_\_  
 Petitioner  Respondent  Co-Petitioner  Adult Child  Other: \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

- party's social security number,  party's date of birth,  children's social security number,
- children's date of birth,  employer's name, address, and telephone number,  driver license number,
- former legal name(s).

4) Name (Last, First, Middle): \_\_\_\_\_  
 Petitioner  Respondent  Co-Petitioner  Adult Child  Other: \_\_\_\_\_

Confidential Personal Information contained in CIF (check all that apply):

- party's social security number,  party's date of birth,  children's social security number,
- children's date of birth,  employer's name, address, and telephone number,  driver license number,
- former legal name(s).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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Signature

Print Name

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Contact Address

City, State, Zip

Contact Telephone



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**IT IS ORDERED that:**

The Parenting Plan currently in effect shall be modified as follows: \_\_\_\_\_

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The Parenting Plan currently in effect shall be temporarily include the following additional parenting time for Petitioner Respondent to compensate for wrongful deprivation of parenting time : \_\_\_\_\_

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\_\_\_\_\_ shall be required to attend the following counseling or education sessions: \_\_\_\_\_

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Spousal support shall be  terminated  suspended  modified as follows: \_\_\_\_\_

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Child support shall be  terminated  suspended  modified as follows: \_\_\_\_\_



The State of Oregon shall have judgment against  Petitioner  Respondent for the  filing fee,  court costs,  service fee,  other costs: \_\_\_\_\_ that were waived.

**If Court Costs and Fees were Paid by one or both Parties:**

Petitioner  Respondent shall reimburse the other party for  one-half  all of the filing fees,  court costs,  service fees,  other costs: \_\_\_\_\_ that were paid in this suit, and judgment shall be entered accordingly.

**Information Required by ORS 25.020 and ORS 107.085.**

Based on a finding that the health, safety, or liberty of  Petitioner  Respondent or a child, would unreasonably be put at risk by disclosure of the following information,  Petitioner  Respondent has been allowed not to disclose this information.

Both parties shall inform the Court and the Department of Justice (P.O. Box 14506, Salem, Oregon 97309) in writing of any change in the below information required by ORS 25.020 within ten (10) days of such change, unless a finding of unreasonable risk has been made in this case. If the court has ordered that a party be allowed not to disclose information, the Department of Justice or the District Attorney shall not disclose the information in the following section to the other parent.

Otherwise:

	Petitioner	Respondent
Full Name		
Former Legal Name(s)	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Age		
Address or Contact Address		
Telephone Number		
Social Security Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Driver License Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).

Employer Name	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Address	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Telephone	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).

Additional page labeled “Required Information continued” attached.

Date of marriage/domestic partnership: \_\_\_\_\_

Place of marriage/domestic partnership: \_\_\_\_\_

**Money Award.** Child Support Obligation  included  not included.

	<b>JUDGMENT CREDITOR</b> (This is the party receiving payment from Judgment Debtor) <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	<b>JUDGMENT DEBTOR</b> (This is the party required to pay Judgment Creditor) <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Full Name		
Address or Contact Address		
Attorney’s Name, Telephone Number and Address		
<b>The following information is required ONLY for the party designated as the “Judgment Debtor” above.</b>		
Year of Birth		
Last Four Digits of Social Security Number		
Last Four Digits of Driver License Number and State of Issuance		

**The following information is to be provided by the party designated as the “Judgment Creditor” above.**

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): <input type="checkbox"/> None or <input type="checkbox"/> _____ _____ _____ _____
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<b>Type of Judgment</b>	<b>JUDGMENT CREDITOR</b> (This is the party receiving payment from Judgment Debtor) <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	<b>JUDGMENT DEBTOR</b> (This is the party required to pay Judgment Creditor) <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	<b>Amount of Judgment</b>
Child Support Award			1. \$ _____ <input type="checkbox"/> per month or <input type="checkbox"/> Other: _____, starting on the <input type="checkbox"/> first day or <input type="checkbox"/> Other: _____ of the month following the date of the judgment
Spousal Support Award			1. \$ _____ <input type="checkbox"/> per month or <input type="checkbox"/> Other: _____, starting on the <input type="checkbox"/> first day or <input type="checkbox"/> Other: _____ 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 (date): _____
Prejudgment Interest (Note: ORS 21.607(1) disallows interest on fees that have been deferred.)			\$ _____

Postjudgment Interest (Note: ORS 21.607(1) disallows interest on fees that have been deferred.)			_____ 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.
Accrued Arrears (if any, on judgments to be paid on a periodic basis)			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): _____.
Costs and Service Expenses (e.g., filing fees, hearing fees, trial fees, process fees)			\$_____
Attorneys Fees (if any)			\$_____

DATED: \_\_\_\_\_

\_\_\_\_\_  
 Circuit Court Judge

\_\_\_\_\_  
 Print Name

//  
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Both parties have agreed to the terms of this judgment (sign only your name):

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Respondent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

State of \_\_\_\_\_)

County of \_\_\_\_\_)

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_, (date)

by \_\_\_\_\_ (name of person(s))

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk

My Commission Expires: \_\_\_\_\_

**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 document.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Petitioner     Respondent, Signature

**Submitted by:**

\_\_\_\_\_  
 Petitioner     Respondent, Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address or Contact Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone or Contact Telephone

**I certify that this is a true copy:**

\_\_\_\_\_  
 Petitioner     Respondent, Signature

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

In the Matter of  the Marriage of: ) Case No. \_\_\_\_\_  
 )  
\_\_\_\_\_, )  
Petitioner, ) AFFIDAVIT OF SERVICE  
and )  Personal Service (ORCP 7D(2)(a))  
 )  Substitute Service (ORCP 7D(2)(b))  
 )  Office Service (ORCP 7D(2)(c))  
\_\_\_\_\_, )  Service by Mail, Return Receipt Requested  
Respondent. ) (ORCP 7D(2)(d))

I, \_\_\_\_\_, declare I am a resident of the County of \_\_\_\_\_, State of \_\_\_\_\_. I am a competent person 18 years of age or older and not a party to or attorney in this proceeding. I certify that the person, firm, or corporation served is the identical one named in this action.

(Check one of the following):

1.  **Personal Service.** On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m., I served true copies of the **Motion/Petition, Order, and Affidavit Supporting Motion for Enforcement of Parenting Plan**,  in addition to a Notice of CIF Filing, by delivering them to  Petitioner  Respondent \_\_\_\_\_ (name) in person at the following address \_\_\_\_\_ within the County of \_\_\_\_\_, State of \_\_\_\_\_.

2.  **Substitute Service.** On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m., I served true copies of the **Motion/Petition, Order, and Affidavit Supporting Motion for Enforcement of Parenting Plan**,  in addition to a Notice of CIF Filing, by delivering them to \_\_\_\_\_ (name), who is a person age 14 or older and a member of the household of the party to be served, at the following address \_\_\_\_\_ within the County of \_\_\_\_\_, State of \_\_\_\_\_.

(Complete the section below only if the undersigned performed the follow-up mailing required by ORCP 7D(2)(b). If a party or other person other than the undersigned did the follow up mailing, s/he must use a separate Affidavit/Certificate of Mailing.)

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I personally deposited a true copy of the **Motion/Petition, Order, and Affidavit Supporting Motion for Enforcement of Parenting Plan**,  in addition to a Notice of CIF Filing, with the United States Postal Service, via first class mail, in a sealed envelope, postage prepaid, addressed to the party to be served:  Petitioner  Respondent \_\_\_\_\_ (name), at the party's home address listed above, together with a statement of the date, time and place that the documents were hand-delivered to the party's dwelling (residence).

///

3.  **Office Service.** On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m., I served true copies of the **Motion/Petition, Order, and Affidavit Supporting Motion for Enforcement of Parenting Plan**,  in addition to a **Notice of CIF Filing**, by delivering them, in person, to the office of the party to be served, located at: \_\_\_\_\_ (address), during normal working hours for that office, where I left the documents with \_\_\_\_\_ (name), who is a person apparently in charge and who has a business duty to provide the documents to the party to be served. (Complete the section below only if the undersigned performed the follow-up mailing required by ORCP 7D(2)(c). If a party or other person other than the undersigned did the follow up mailing, s/he must use a separate Affidavit/Certificate of Mailing.)

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I personally deposited a true copy of the **Motion/Petition, Order, and Affidavit Supporting Motion for Enforcement of Parenting Plan**,  in addition to a Notice of CIF Filing, with the United States Postal Service, via first class mail, in a sealed envelope, postage prepaid, addressed to the party to be served:  Petitioner  Respondent (name) \_\_\_\_\_, at the party's:  home address located at: \_\_\_\_\_ (address), OR  business address, listed above, together with a statement of the date, time and place that the documents were hand-delivered to the party's office.

4.  **Service by Mail, Return Receipt Requested.** On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I personally deposited **two true copies** of the **Motion/Petition, Order, and Affidavit Supporting Motion for Enforcement of Parenting Plan**,  in addition to a Notice of CIF Filing, with the United States Postal Service, one via first class mail, and the other by certified or registered, return receipt requested, or by express mail, with postage on both copies fully paid, addressed to the party to be served:  Petitioner or  Respondent \_\_\_\_\_ (name), at the party's:  home address located at: \_\_\_\_\_ (address). (NOTE: If mailed return receipt requested, the return receipt should be attached to this Affidavit of Service.)

**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.

**I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Server

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address or Contact Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone or Contact Telephone