

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

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

\_\_\_\_\_  
Petitioner  
and  
\_\_\_\_\_  
Respondent

**RESPONSE TO MOTION TO  
MODIFY JUDGMENT**

1. I **disagree** with the following changes requested by the other party:  
*(be specific and use the children's first names where appropriate)*
- a.  Spousal/partner support *(explain)* \_\_\_\_\_  
\_\_\_\_\_
  - b.  Custody of minor children *(explain)* \_\_\_\_\_  
\_\_\_\_\_
  - c.  Parenting time *(explain)* \_\_\_\_\_  
\_\_\_\_\_
  - d.  Child support *(explain)* \_\_\_\_\_  
\_\_\_\_\_
  - e.  Medical insurance, uninsured medical costs, or cash medical support *(explain)* \_\_\_\_\_  
\_\_\_\_\_
  - f.  Other *(explain)* \_\_\_\_\_  
\_\_\_\_\_

Additional page attached

2. **Information Required by the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)**

List the places where the minor children of the parties have lived in the last five years and the names of the people they lived with at that time

| Dates (from/to) | County, State | Name of Parent/Caretaker | Contact Address of Parent/Caretaker | Which Children |
|-----------------|---------------|--------------------------|-------------------------------------|----------------|
|                 |               |                          |                                     |                |
|                 |               |                          |                                     |                |
|                 |               |                          |                                     |                |
|                 |               |                          |                                     |                |

Additional page attached titled "UCCJEA"

I have not participated in any case concerning custody, visitation, parenting time or placement of the children in this or any other state

**or**

I have participated in the following case:

| Name of Court | State | Case No. | Date | Result |
|---------------|-------|----------|------|--------|
|               |       |          |      |        |
|               |       |          |      |        |
|               |       |          |      |        |

Additional page attached titled "UCCJEA"

I do not know of any other child support, domestic violence, custody, parenting time, placement, or guardianship proceeding involving the children, or of any other court case which could affect this case, pending in any state

except for: \_\_\_\_\_

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

I do not know any person other than my spouse/partner who has physical custody of the children or who claims to have custody, visitation or parenting time rights

except for: \_\_\_\_\_

\_\_\_\_\_  
*(list name and address)*

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**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

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

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

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

\_\_\_\_\_  
Contact Phone

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

\_\_\_\_\_ Petitioner  
and  
\_\_\_\_\_ Respondent

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

**UNIFORM SUPPORT  
DECLARATION**

CSP No.: \_\_\_\_\_

\_\_\_\_\_  
Unmarried children age 18, 19, or 20 years old (per ORS 107.108)

I am the  petitioner  respondent  other: \_\_\_\_\_

1. Number of children

- a. Joint minor children (children of the parties together) \_\_\_\_\_
- b. Joint adult children (age 18, 19, or 20) \_\_\_\_\_
  - i. Joint adult children attending school \_\_\_\_\_
- c. Non-joint minor children (children of only one party) \_\_\_\_\_
  - Number of overnights the joint children spend with me (per year) \_\_\_\_\_
  - i. Current order, judgment, or written agreement \_\_\_\_\_
  - ii. Proposed \_\_\_\_\_

unknown

2. Sources of income

|                                       |                  |          |
|---------------------------------------|------------------|----------|
| Wages/Salary: (monthly, before taxes) |                  |          |
| \$ _____ per hour                     | _____ hours/week |          |
| <b>Subtotal A:</b>                    |                  | \$ _____ |

(Complete table below with monthly averages, before taxes. Explain "other" amounts)

|   |  |                     |          |
|---|--|---------------------|----------|
| Tips:   |  | Bonuses/Commission: |          |
| Workers Comp:   |  | Interest:           |          |
| Social Security:  |  | Annuity:            |          |
| Unemployment:   |  | Trust:              |          |
| Disability:   |  | Dividends:          |          |
| TANF:   |  | Other:              |          |
| Other:  |  | Other:              |          |
| Other:  |  | Other:              |          |
| Expense reimbursement/per diem allowance that reduces personal living expenses: |  |                     |          |
| <b>Subtotal B:</b>  |  |                     | \$ _____ |

**Gross monthly income TOTAL** (add Subtotal A + B) \$ \_\_\_\_\_

3. Spousal/partner support

- a. Received by me (from anyone) \$ \_\_\_\_\_
- b. Paid by me (to anyone) \$ \_\_\_\_\_

4. Health insurance

- a. Premium to cover just me \$ \_\_\_\_\_

- b. Premium paid for joint children \$ \_\_\_\_\_
- c. Out of pocket medical costs paid for joint children \$ \_\_\_\_\_
- d. Subsidies received for health insurance costs \$ \_\_\_\_\_
- e. Oregon Health Plan (or other public health insurance)  yes  no

5. Other

- a. Union dues \$ \_\_\_\_\_
- b. Social Security or Veteran's Benefits received for children \$ \_\_\_\_\_
  - i. Person with disability is:  child  me  other parent
- c. Childcare expenses for joint children (12 or younger) \$ \_\_\_\_\_
  - i. City or ZIP where child care is provided: \_\_\_\_\_
  - ii. Does anyone else share the cost of childcare?  yes  no
    - 1. Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

6. Rebuttal factors

*(The amount of child support is based on statewide guidelines. The guideline amount can be rebutted (challenged) under OAR 137-050-0760, click here to read the rule:*

[https://www.doj.state.or.us/wp-content/uploads/2017/08/050\\_0760.pdf](https://www.doj.state.or.us/wp-content/uploads/2017/08/050_0760.pdf)

- I am challenging the guideline amount (explain rebuttal factors): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**Attachments**

- 4 most recent pay stubs
- Benefit statements
- Most recent tax return
- Copies of currently effective spousal/partner support, child support, and parenting time orders or judgments
- Proof of health insurance premiums and any subsidies received
- Proof of out of pocket medical expenses
- Proof of childcare expenses
- Evidence supporting any rebuttal factors for child support

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

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (printed)

\_\_\_\_\_

Contact Address

\_\_\_\_\_

City, State, ZIP

\_\_\_\_\_

Contact Phone

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*(Serve the other party and all adult children who have not filed a Waiver of Further Appearance)*

**Certificate of Mailing**

I certify that on *(date)*: \_\_\_\_\_ I placed a true and complete copy of this  
*Declaration and Attachment (if necessary)* in the United States mail to *(name)*: \_\_\_\_\_  
\_\_\_\_\_ at *(address)*: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

## Uniform Support Declaration Attachment

You must complete this attachment if either party seeks:

- spousal/partner support **OR**
- deviation from the child support guidelines

These are the total household expenses you must pay each month for yourself only - not for others in your household. Any other annual, quarterly, or other periodic payments should be converted to a monthly average.

DO NOT LIST ANY EXPENSE IF IT IS DEDUCTED FROM YOUR WAGES

### 1. **FIXED COSTS:**

| Description  | Monthly Amount |
|--|----------------|
| <b>A. RESIDENCE:</b>   |                |
| Mortgage or Rent   |                |
| Second Mortgage/Home Equity Loan                               |                |
| Property Taxes and Insurance (if not included in mortgage)     |                |
| <b>B. UTILITIES: (averaged over the year)</b>                  |                |
| Electricity  |                |
| Gas  |                |
| Water/Sewer  |                |
| Trash/Recycling  |                |
| Telephone/Cell Phone   |                |
| Cable/Internet   |                |
| <b>C. TRANSPORTATION:</b>                                      |                |
| Car Payments   |                |
| Fuel   |                |
| Bus pass/Van pool/Etc.   |                |
| Other (specify):   |                |
| <b>D. INSURANCE:</b>   |                |
| Life   |                |
| Automobile   |                |
| Medical/Dental   |                |
| Other (specify):   |                |
| <b>E. Food and Household Items</b>                             |                |
| <b>F. Unreimbursed health costs, including medications</b>     |                |
| <b>G. Court/Agency-ordered Support Payments in other cases</b> |                |
| <b>TOTAL FIXED COSTS:</b>                                      |                |

**2. DEBTS:**

| Name of Creditor<br>(who debt is owed to) | Balance Due | Monthly Payment |
|---|-------------|-----------------|
|   |             |                 |
|   |             |                 |
|   |             |                 |
|   |             |                 |
|   |             |                 |
|   |             |                 |
|   |             |                 |
| <b>TOTAL MONTHLY DEBT PAYMENTS:</b>       |             |                 |

additional page attached

**3. Total Fixed Costs + Monthly Debts = \$ \_\_\_\_\_**

4. Other factors you want the court to consider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_ Petitioner

and

\_\_\_\_\_ Respondent

**CONFIDENTIAL  
INFORMATION FORM**

Amended CIF

UTCRC 2.130

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

**Submitted by:**  Petitioner  Respondent  other: \_\_\_\_\_

**Information about (name):** \_\_\_\_\_  
(first, middle, last)  Petitioner  Respondent  other: \_\_\_\_\_

|                                      |                         |
|--------------------------------------|-------------------------|
| Date of Birth:                       | Social Security Number: |
| Driver License (Number and State):   |                         |
| Former Legal Names:                  |                         |
| Employer's Name, Address, and Phone: |                         |

**Minor children of the parties:<sup>1</sup>**

| Name: | Date of Birth: | Social Security Number: |
|-------|----------------|-------------------------|
|       |                |                         |
|       |                |                         |
|       |                |                         |
|       |                |                         |

Additional page attached

<sup>1</sup> The names of parties and children, and children's ages are not confidential. This form can only be viewed by the party who files it unless the court orders otherwise.



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

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

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent

and

\_\_\_\_\_

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

**NOTICE OF FILING OF  
CONFIDENTIAL  
INFORMATION  
FORM (CIF)**

Amended CIF

I filed Confidential Information Forms with the court about the following parties to this case as required by Uniform Trial Court Rule (UTCRC) 2.130 (Use first, middle, last names below):

1) My Name: \_\_\_\_\_

Petitioner  Respondent  Other: \_\_\_\_\_

Containing (check all that apply):

Social Security Number (SSN)  Date of Birth (DOB)  children's SSN  children's DOB  
 employer's name, address, and phone number  driver license number  
 former legal names

2) Name: \_\_\_\_\_

Petitioner  Respondent  Other: \_\_\_\_\_

Containing (check all that apply):

SSN  DOB  children's SSN  children's DOB  employer's name, address, and phone number  
 driver license number  former legal names

3) Name: \_\_\_\_\_

Petitioner  Respondent  Other: \_\_\_\_\_

Containing (check all that apply):

SSN  DOB  children's SSN  children's DOB  employer's name, address, and phone number  
 driver license number  former legal names

4) Name: \_\_\_\_\_

Petitioner  Respondent  Other: \_\_\_\_\_

Containing (check all that apply):

SSN  DOB  children's SSN  children's DOB  employer's name, address, and phone number  
 driver license number  former legal names

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

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

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Contact Phone

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

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

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent

**CERTIFICATE OF  
SERVICE MAILING**

*Rule 9*

I certify that on *(date)* \_\_\_\_\_, I placed a true copy of the Response in the above case in the United States mail addressed to *(check all that apply)*

- Petitioner  Respondent  
 Attorney for  petitioner  respondent

at *(address)*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 I am subject to penalty for perjury.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

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

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Contact Phone