

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)

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 _____

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and

Case No.: _____

**UNIFORM SUPPORT
DECLARATION**

Respondent

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 _____

☐ unknown

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 _____

2. Sources of income

Wages/Salary: (monthly, before taxes)		
\$_____ per hour	_____ hours/week	
Subtotal A:		\$ _____

(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:			
Subtotal B:			\$ _____

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

3. Spousal/partner support (monthly)

a. Received by me (from anyone) _____

\$ _____

b. Paid by me (to anyone) _____

\$ _____

4. Health insurance (*monthly*)
- 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 (*monthly*)
- 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 childcare 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)*
- ☐ I am challenging the guideline amount (explain rebuttal factors): _____
- _____
- _____
- _____

Attachments (be sure to black out (redact) personal identifying information like Social Security Numbers, account numbers, and dates of birth)

- ☐ 4 most recent pay stubs
- ☐ Benefit statements (Social Security, SNAP, disability, etc.)
- ☐ 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

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

Email

Name (printed)

Contact Address

City, State, ZIP

Contact Phone

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

2. DEBTS:

Name of Creditor (who debt is owed to)	Balance Due	Monthly Payment
TOTAL MONTHLY DEBT PAYMENTS:		

☐ additional page attached**3. Total Fixed Costs + Monthly Debts = \$**_____

4. Other factors you want the court to consider: _____

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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:¹

Name:	Date of Birth:	Social Security Number:

☐ Additional page attached

¹ 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 _____

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and

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

Respondent
and

☐ Amended CIF

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

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

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**CERTIFICATE OF
SERVICE MAILING**

Respondent

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