

II. Oregon does not have jurisdiction under the Uniform Child Custody Jurisdiction Act because:

3. **Findings re Modification Due to Deployment.** The following changes to **Custody** **Parenting Time** **Child Support** (*check all that apply*) will reasonably accommodate the circumstances relating to deployment and are in the best interests of the child/ren.

4. **Child/ren Who Are At Least 18 and Under 21 Years of Age.**

_____ (child/ren's name) is at least 18, 19 or 20 years of age and unmarried and has:

- Waived further appearance in these proceedings.
- Signed and stipulated to the terms of judgment evidenced by the signature below.
- Fully participated in the proceedings and the judgment effectively binds him/her to the terms.

IT IS THEREFORE ORDERED that:

The Judgment(s) signed on _____ (date(s)) is temporarily modified during

Petitioner's Respondent's military deployment as follows:

1. Custody.

(a) Petitioner Respondent is awarded sole custody of the child/ren (*list names*):

(*Name/s and year/s of birth*)

(b) The parties have agreed to joint custody of the following child/ren (*list names*):

(*Name/s and year/s of birth*)

(c) Other: _____

2. Parenting Time.

Petitioner Respondent shall have parenting time with the child/ren as follows (*fill in both sections*):

(a) Parenting time while deployed and not on leave: _____

(b) Parenting time while deployed but on leave:

as follows: _____

(c) as set forth in the attached Parenting Plan, labeled Exhibit _____.

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3. Notice re Change of Address and Phone.

The Petitioner Respondent (nondeployed parent) shall provide the court and the deployed parent with written notice 30 days before a change of address or phone number during the period of deployment.

4. Cash Child Support.

The cash child support order currently in effect is terminated and no cash child support shall be ordered during Petitioner’s Respondent’s deployment.

The current cash support order paid by Petitioner Respondent in the amount of \$_____ shall change as follows (*complete (a) and (b) below*): **or**

No child support order currently exists but child support will be ordered as follows (*complete (a) and (b) below*):

(a) Cash child support shall be paid by Petitioner to Respondent or Respondent to Petitioner:

In the amount of \$_____ for _____ children. This is the amount presumed correct under the Oregon child support guidelines. **or**

In the amount of \$_____ for _____ children. The amount presumed correct under the Oregon child support guidelines, \$_____, would be unjust or inappropriate for the following reasons:

(The reasons must also be shown on the support worksheets you attach to this judgment.)

The child support worksheet on which the support amount was calculated is labeled “Exhibit_____” and attached to and incorporated in this judgment.

(b) Petitioner Respondent shall pay cash child support beginning on:

The first (or _____) day of the month following the date of the judgment and continuing on the same day of each month thereafter. **or**

_____, the date Petitioner Respondent was served with the motion or any later date, and continuing on the same day of each month thereafter (*check this option only if requested in the motion or agreed to by the parties*).

5. Medical Support.

The medical support order (including any cash medical support) currently in effect is terminated and no medical support shall be ordered during Petitioner’s Respondent’s deployment.

The current medical support order, including cash medical support paid by Petitioner Respondent, shall change as follows (*complete (a) or (b), and (c) or (d) below*): **or**

No medical support order, including cash medical support, currently exists but medical support shall be provided as follows (*complete (a) or (b), and (c) or (d) below*):

Complete (a) or (b):

(a) **Private Health Care Coverage is Appropriate and Available.**

Petitioner Respondent Both Petitioner and Respondent has/have appropriate private (or military) health care coverage available for the parties’ child/ren through an employer, spouse, domestic partner or other source. Petitioner Respondent Both Petitioner and Respondent is/are ordered to obtain and/or maintain this coverage throughout the period of the support obligation for the benefit of the

parties' child/ren.

(b) No Private Health Care Coverage is Appropriate or Available.

Neither Petitioner nor Respondent has appropriate private health care coverage available for the parties' child/ren. Petitioner Respondent Both Petitioner and Respondent must provide appropriate private health care coverage for the child/ren when such coverage becomes available to them at a reasonable cost through any source.

The custodial parent shall enroll or maintain the child/ren in public health care coverage.

Complete (c) or (d):

(c) Cash Medical Support Ordered.

Because the parent receiving cash child support is ordered to maintain private (or military) health care coverage and the parent paying cash child support is not ordered to maintain private health insurance, in addition to cash child support Petitioner Respondent must pay \$_____ for cash medical support to Petitioner Respondent, or

Because neither parent has appropriate private health care coverage available for the parties' child/ren: Petitioner must pay cash medical support in the monthly amount of \$_____ to Respondent and/or Respondent must pay cash medical support in the monthly amount of \$_____ to Petitioner.

(d) Cash Medical Support Not Ordered.

Cash medical support is not ordered for the following reasons:

The parent paying cash child support is also providing health care coverage.

Section (e) below requires the parties to share the cost of the child/ren's uninsured medical expenses.

Petitioner's Respondent's gross monthly income is at or below the Oregon minimum wage for full-time employment.

Other reason: _____

(e) Responsibility for Uninsured Health Expenses.

After the custodial parent pays the first \$250 per year per child, Petitioner must pay _____% and Respondent must pay _____% of the reasonably incurred uninsured health, accidental, dental, orthodontic, and optical costs incurred by the child/ren, including costs for prescriptions. This obligation is in addition to instead of any cash medical support ordered above in paragraph 5(c) as part of the child support award.

NOTICE ABOUT CHANGE IN PRIVATE HEALTH INSURANCE ENROLLMENT STATUS
If child support services are provided by the Division of Child Support, the obligor and obligee must inform the administrator, as defined in ORS 25.010(1), in writing of any change in private health insurance enrollment status within 10 days of the change. UTCR 8.020(2)

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6. Length of Child Support.

Unless the child becomes self-supporting, emancipated, or married:

- The support ordered in paragraphs 4 and 5 above for each child shall continue until the child reaches eighteen (18) years of age.
- The support ordered in paragraphs 4 and 5 above for each child shall continue until the child reaches age 21 if the child qualifies for support as a child attending school as defined by Oregon law.

7. Payment of Child Support

Under ORS 25.378(1), an income withholding order shall be issued to enforce the child support obligation unless an exception is indicated below.

- Exceptions to withholding.** Income withholding is not ordered at this time because there is no support arrearage, the paying parent has not previously been granted an exemption from withholding, and:
 - The parents, and the State, if support rights are assigned, have agreed in writing to an alternative arrangement;
- or**
- Good cause not to require withholding is found because there is proof of timely payment of previously-ordered support and income withholding would not be in the best interests of the child.

All payments of child support shall be made (check either (a) or (b) below):

- (a) To the Oregon Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309 or by electronic payment withdrawal (EPW) or electronic funds transfer (EFT).
- (b) Pursuant to the above exception, directly to Petitioner’s Respondent’s checking or savings account. A receipt of deposit shall be kept by the parent paying support as proof of payment. A canceled check is also prima facie evidence that payment has been made. The person receiving support shall provide the paying parent with current deposit slips and/or bank name, account name and account number.

NOTICE OF INCOME WITHHOLDING

This child support order is enforceable by income withholding under ORS 25.378 to 25.390, 25.414 to 25.372 and 25.375. Withholding shall occur immediately, whenever there is an arrearage at least equal to the support payment for one month, whenever the obligated parent requests such withholding, or whenever the obligee requests withholding for good cause. The District Attorney or, as appropriate, the Division of Child Support of the Department of Justice, will assist in securing such withholding. Exceptions may apply in some circumstances.

8. Dependents for Tax Purposes.

- Petitioner Respondent shall be entitled to claim the following child(ren) as dependent(s) for tax purposes beginning the year this judgment is entered (*list names*): _____
 - _____
 - _____
- OR
- Other (*specify*): _____
 - _____
 - _____

9. Life Insurance Coverage for Child/ren.

- Petitioner Respondent shall obtain and maintain life insurance for the benefit of the parties’ child/ren throughout the period of the support obligation if he/she is insurable. The coverage shall be in the amount of \$_____.

10. Preservation of Existing Judgment Terms.

Any terms in the existing Judgment(s) not amended by this Supplemental Judgment shall remain in effect.

11. Notice of Termination of Deployment.

Upon termination of deployment, the deployed parent shall serve on the nondeployed parent a copy of written orders or other official notification that the deployed parent is no longer deployed or in active military service. The deployed person shall also provide a copy to the court and to the Division of Child Support.

12. Reinstatement of Existing Judgment.

The Supplemental Judgment shall terminate by operation of law 10 days after the date on which the deployed parent serves the nondeployed parent (and provides to the court and to the Division of Child Support) copies of written orders or other official notification that the deployed parent is no longer deployed or in active military service. Any provisions of the existing judgment modified by the Supplemental Judgment in this case shall be automatically reinstated.

NOTICE ABOUT PARENTING TIME AND CHILD SUPPORT

The terms of child support and parenting time (visitation) are designed for the child’s benefit and not the parents’ benefit. You must pay support even if you are not receiving parenting time. You must comply with parenting time and visitation orders even if you are not receiving child support.

Violation of child support orders and visitation or parenting time orders is punishable by fine, imprisonment or other penalties.

Publicly funded help is available to establish, enforce, and modify child support orders. Paternity establishment services are also available. Contact your local district attorney, the domestic relations court clerk, or the Department of Justice at 1-800-850-0228 or 503-378-5567 for information. Information is also available at www.oregonchildsupport.gov.

Publicly funded help may be available to establish, enforce, and modify parenting time or visitation orders. Forms are available to enforce parenting time or visitation orders. Contact the domestic relations, civil court clerk or courthouse facilitator for information.

NOTICE ABOUT PERIODIC REVIEW AND MODIFICATION OF CHILD SUPPORT ORDERS

If your child support case is handled by the District Attorney or the Department of Justice Division of Child Support, this agency will review your child support order if at least three years have passed since the order was entered, modified, or last reviewed. *This review will take place only if a parent requests.*

The purpose of the review is to see if the amount ordered is still within the guidelines for child support set out in Oregon law. The review could result in an increase or decrease in the support amount, depending on the parents’ financial circumstances and the needs of the child.

This “periodic review” service is provided at no cost to parents, but is available only for cases handled by the District Attorney or the Department of Justice.

The support agency handling your case will also review your support order for compliance with the guidelines whenever a substantial change in circumstance has occurred. You can request this “change in circumstance” modification from the support agency. But *any* support order (not just orders handled by the District Attorney or Department of Justice) can be modified because of a change in circumstance, so a private attorney is also able to assist you with this. You may also represent yourself.

13. Court Costs and Fees.

(a) **Deferred Costs and Fees.** Any court costs and service fees (if service was completed by the Sheriff) that were deferred (required to be paid at a later date) by the court shall be paid by:

- Petitioner Respondent
- Both parties equally
- Other: _____

(b) **Costs and Fees Paid by the Parties**

- Each party shall be responsible for paying his/her own court costs and service fees for this case.
- To be paid by both parties equally
- Petitioner Respondent shall reimburse the other party for his or her court costs and service fees for this case.

Other: _____
 Judgment shall be entered according to the cost and fee allocation listed above.

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

Additional information	PETITIONER	RESPONDENT
Full Name		
Address or Contact Address		
Attorney's Name, Telephone Number and Address (if applicable)		
Year of Birth		
Last Four Digits of Driver License Number and State of Issuance		
Last Four Digits of the Support Obligor's Social Security Number		
The following information is to be provided by any party entitled to receive a money award (a "judgment creditor") as listed in this Judgment.		
Others Entitled to Portions of Judgment Payable to PETITIONER	The following person(s) or public bod(ies) are known by Petitioner to be entitled to a portion of a payment made on the judgment (other than Petitioner's attorney): <input type="checkbox"/> None or <input type="checkbox"/> _____ _____	
Others Entitled to Portions of Judgment Payable to RESPONDENT	The following person(s) or public bod(ies) are known by Respondent to be entitled to a portion of a payment made on the judgment (other than the Respondent's attorney): <input type="checkbox"/> None or <input type="checkbox"/> _____ _____	
Type of Judgment	Amount of Judgment	
Child Support Award	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$_____ <input type="checkbox"/> per month, of which \$_____ is cash medical support. Starting on _____

	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	<input type="checkbox"/> the first or _____ day of the month following the date of the judgment and continuing on the same day of each month thereafter, or <input type="checkbox"/> _____, the date <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent was served with the motion or any later date, and continuing on the same day of each month thereafter.
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Prejudgment Interest (Note: ORS 21.607(1) disallows interest on fees that have been deferred.)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Postjudgment Interest (Note: ORS 21.607(1) disallows interest on fees that have been deferred.)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Nine percent (9 %) per annum simple interest on the unpaid balance of the total judgment amount(s) of \$_____. Interest accrues from the date the judgment is entered and continues until fully paid.
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Accrued Arrears (if any, on judgments to be paid on a periodic basis)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$_____ 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 A lump sum payment of \$_____ to be paid by (date) _____.
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Costs and Service Expenses (e.g., filing fees, hearing fees, trial fees, process fees)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Attorneys Fees (if any)	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	

DATED this _____ day of _____, 20_____.

Circuit Court Judge

Print Name

OPTIONAL: APPLICATION FOR FULL CHILD SUPPORT PROGRAM SERVICES: By signing below, I apply for child support services, including enforcement, from the Child Support Program(CSP). Check the box in Paragraph 6(a) if you are requesting accounting and disbursement services only. (Note: If you never received TANF, tribal TANF or AFDC in any state, an annual \$25 fee will apply if over \$500 is collected and distributed to the family each year.)

 Petitioner, Signature

Date

 Respondent, Signature

Date

All parties have agreed (stipulated) to the terms of this judgment. Sign before a Notary Public or Court Clerk only.

Petitioner, Signature

State of _____)

County of _____)

This instrument was acknowledged before me on _____ of _____, 20_____, (date)

by _____ (name of person).

Notary Public for _____/Court Clerk

My Commission Expires: _____

Respondent, Signature

State of _____)

County of _____)

This instrument was acknowledged before me on _____ of _____, 20_____, (date)

by _____ (name of person).

Notary Public for _____/Court Clerk

My Commission Expires: _____

If applicable, child who is at least 18 and under 21 years of age, has agreed (stipulated to the terms of this judgment: (sign only your name)

Child, Signature

State of _____)
County of _____)

This instrument was acknowledged before me on _____ of _____, 20_____, (date)
by _____ (name of person).

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 form.

Submitted by:

 Petitioner Respondent, Signature Print Name

Address or Contact Address City, State, Zip Telephone or Contact Telephone

Certificate of Mailing. I certify that I mailed a copy of this judgment and attachments thereto by U.S. Mail with postage paid to the other party at the following address: _____ on the following date: _____.

 Petitioner Respondent, Signature Print Name

I certify that this is a true copy:

 Petitioner Respondent, Signature