Appeal of Administrative Order of Child Support and Request for Hearing de Novo INSTRUCTIONS

STEP 1

Fill out the **Petition for Hearing de Novo on Administrative Child Support Order** (**PETITION**) completely except for where it says "*I certify this is a true copy*." You will sign this line only on the copies you mail to the administrative agency and the other parent. **Attach a certified copy of the administrative order to the Petition.**

STEP 2

Make three copies of the Petition (one to mail to the administrative agency, the second to mail to the other parent, and the third to keep for your records). Sign the copies for the administrative agency and the other parent where it says: "*I certify this is a true copy*."

STEP 3

Mail a copy of the Petition to the **administrative agency** that initiated the case (this will be either the Division of Child Support or the Family Law Division of the District Attorney's Office), and to the **other parent** using regular first class mail. **Then fill out the Certificate of Mailing form.**

STEP 4

File both the original Petition and Certificate of Mailing with the court. There is a filing fee for this court action. Check with the court clerk for the current fee schedule. You may ask the court to waive or defer payment of this fee by filing an "Application for Waiver or Deferral of Fees

STEP 5

Attend all hearings. If you do not receive notice of a hearing, check with the court to find out the status of your Petition.

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

| |) | Case No |
|---|-----------------------------------|--|
| (Check one: □Obligor vs. |))) ent on Review,) □Obligee) | PETITION FOR HEARING DE NOVO ON ADMINISTRATIVE CHILD SUPPORT ORDER [ORS 416.427(6)] |
| I am the ☐ Petitioner ☐ Re I request a hearing de novo to a | ppeal all or part of the | Administrative Child Support Order dated |
| The Administrative Child Supp | ort Order was filed wi | th the court on (date) |
| Not more than 60 days have pascourt. | ssed since the Adminis | strative Child Support Order was filed with the |
| I □will □will not be represented. Attorney Name: | • | <u> </u> |
| Notice of the time and place of | the hearing can be ma | iled to me at the address given below: |
| Dated:, 20 | <u>.</u> | |
| Signature of Petitioner | Respondent | Print Name |
| Address or Contact Address | City, State, Zip | Telephone or Contact Telephone |
| I certify that this is a true copy: | | |
| i | Signature of ∟Petit | ioner □Respondent |

IN THE CIRCUIT COURT OF THE STATE OF OREGON COUNTY OF ____

| |) | |
|--|----------------------|---|
| Petitioner on Review, (Check one: $\square Obligor \square Obligee$) |) | Case No |
| vs. |) | CERTIFICATE OF MAILING |
| |) | ☐ to ADMINISTRATIVE AGENCY |
| |) | ☐ to RESPONDENT ON REVIEW |
| Respondent on Review, |) | |
| (Check one: $\square Obligor \square Obligee$) |) | |
| and |) | |
| STATE OF OREGON, Respondent on Review | ew) | |
| ☐ I certify that on (date) | , 20 | , I placed a true copy of the <i>Petition</i> |
| for Hearing De Novo on Administrative Chi | | |
| the United States mail addressed to the Adm | inistrative Agen | cy initiating the case (check one): |
| ☐ Division of Child Support | | |
| ☐ Family Law Division of the District | t Attorney's Offic | ce |
| at: | | |
| Address City, | | Zip Code |
| in a sealed envelope with first class postage | fully prepaid. | |
| ☐ I certify that on (date) | 20 I n | laced a true copy of the Petition for |
| Hearing De Novo on Administrative Child S | | |
| United States mail addressed to: | | |
| (Name of Res | spondent on Rev | iew |
| at: | | |
| Address, City, | | Zip Code |
| in a sealed envelope with first class postage | fully prepaid. | |
| Certificate of Document Preparation. Y | You are required | d to truthfully complete this certificate |
| regarding the document you are filing with | | |
| apply: | | |
| \Box I selected this document for myself and I of | completed it with | hout paid assistance. |
| ☐ I paid or will pay money to | | for assistance in preparing this form. |
| Dotad: 20 | | |
| Dated:, 20 | | |
| | | 2.1.2 |
| Signature of □Petitioner □Respondent | | Print Name |
| Address or Contact Address City State 7 | 'in Telenhone or | Contact Telephone |

| - | Py: Signature of \Box Petitioner \Box Respondent |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |