

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

Case No: _____

Petitioner
and

Respondent

**SUPPLEMENTAL JUDGMENT
MODIFYING A
DOMESTIC RELATIONS
JUDGMENT**

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

This *Supplemental Judgment* modifies the following provisions of a prior *Judgment*:

- Spousal/Partner Support
 Custody Parenting Time Child Support
 Other: _____

This matter came before the court on the motion and declaration of

- Petitioner Respondent

No response to the *Order to Show Cause re: Modification* was received from the non-moving party

The non-moving party is not in active military service of the United States and is not incapacitated, a minor, a protected person, or a respondent (as defined by ORS 125.005)

A hearing was held _____ (date), at which the following were present:

- Petitioner Petitioner's attorney
 Respondent Respondent's attorney
 Other: _____

The parties have stipulated (agreed) to the terms of this judgment as shown by their signatures at the end of this *Judgment*

Children 18, 19, or 20 Years of Age

- Waived further appearance: (names) _____
 Fully participated in the proceedings (names) _____
 Signed and stipulated to the terms of judgment shown by the signature at the end of this *Judgment*

THE COURT FINDS:

The court considered the declaration response evidence presented and found that:

- a substantial change in circumstances has occurred since the last judgment or order, justifying a change in **support or custody**
 the requested change in **custody or parenting time** is in the children's best interest

Jurisdiction

This court has jurisdiction to modify the following judgment (list court or agency, case number, and date): _____

Because: (check all that apply)

Only spousal/partner support is at issue in this Modification action

Child Support

the judgment above was issued by a court in Oregon and one of the parents or a child receiving support under the prior judgment still resides in Oregon, **or**

Other reason *(explain)* _____

Custody or Parenting Time under the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)

the judgment above was issued by a court in Oregon and one of the parents or a child affected by the custody or parenting time provisions still resides in Oregon, **or**

Other reason *(explain)* _____

Oregon does not have jurisdiction under the UCCJEA because: _____

THE COURT ORDERS the following modifications to a prior judgment:

1. Spousal/Partner Support

Spousal/Partner support is terminated **or** changed as follows: _____

Findings supporting termination: _____

Effective date – changes are effective as of *(date)* _____

2. Custody and Parenting Time

a) Petitioner Respondent is granted sole custody of: *(names)* _____

Parties have agreed to joint custody of: *(names)* _____

b) Parenting Time is changed according to the attached Parenting Plan labeled Exhibit _____ **or**

as follows: _____

Petitioner Respondent must not have parenting time because it would endanger the health or safety of the children

Parenting time must be supervised by: _____
Cost of supervision will be paid by Petitioner Respondent Other: _____

- c) Petitioner Respondent is allowed to move more than 60 miles farther away from the other party without advance written notice because good cause exists
- d) Petitioner Respondent is not required to provide contact information to the other party

3. Child Support and Medical Costs

a) Petitioner's Respondent's child support obligation to children (*names*) _____
_____ is **terminated** based on the change of custody *or*
(explain other reason for termination) _____

b) Child support is **changed** as follows based on the requested change of custody or substantially changed circumstances

Support must be paid:

by Petitioner Respondent

to Petitioner Respondent Adult Child Attending School

on the first day of each month

beginning the month following entry of this judgment *or* the date of service of this motion (*date:* _____)

The monthly **amount** due is: \$ _____ (*Child Support Worksheets are attached and incorporated, labeled Exhibit _____*)

This amount is:

the amount presumed to be appropriate under the support guidelines

different from the presumed appropriate amount *because:* _____

c) **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 (or the State, if support rights are assigned) have agreed in writing to an alternative arrangement which is approved by the court; **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

In all cases, select one of the following:

All support payments must be made to the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309

Or

An exception to income withholding applies as noted above. All support payments must be deposited to the recipient's checking or savings account. The receiving parent is ordered to provide the paying parent with current deposit slips or bank name, account name, and account number.

Or

Other (explain) _____

Child Attending School

Support for an adult child attending school as defined by ORS 107.108 must be paid directly to the child unless good cause exists for payment to be made another way

GOOD CAUSE exists not to pay support directly to a child attending school
Payments must be made to Petitioner Respondent in the amount of
\$ _____ per month

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.

- d) **Length of Child Support:** Child support will end when the last child (*check one*)
 reaches age 18, or if the child qualifies as a child attending school under ORS 107.108, age 21
 reaches age 18
or becomes self-supporting, emancipated, or married

- e) **Tax Dependents***

Petitioner Respondent may claim the following children as dependents for tax purposes beginning with the **tax** year this judgment is entered. The other parent must complete any IRS waivers or forms necessary to accomplish this order in each tax year and must not file contradictory tax returns.

List names: _____

OR

Other (specify): _____

** Parties are advised that this judgment is not binding on the IRS and will not provide a defense if the parties fail to comply with IRS regulations in any given tax year. Parties are advised to speak to a tax specialist.*

- f) **Life Insurance**

Petitioner Respondent must carry life insurance for the benefit of the children in the amount of \$ _____ throughout the period of the support obligation if he or she is insurable

Petitioner Respondent is no longer required to provide life insurance

- g) **Medical Costs**

Medical costs and insurance have been addressed in a prior judgment and are not being changed

1. Health Insurance Coverage

Petitioner Respondent is ordered to keep insurance for the children throughout the period of the child support obligation

2. Cash Medical Support

Cash Medical Support **is** ordered in the amount of \$ _____ per month because health insurance coverage is not available to either parent. Cash Medical Support is payable in addition to child support by the parent ordered to pay child support, and on the same schedule.

Cash Medical Support **is not** ordered because:

Support is presumed to be unavailable for the reason marked above and the presumption has not been sufficiently rebutted

The parent paying child support has income at or below Oregon’s minimum wage for full-time employment

The children’s medical needs will be met by the *Uninsured Medical Expenses* provision below

Other (*explain*): _____

CHANGES TO HEALTH INSURANCE AVAILABILITY

Both the person paying and the person receiving child support **must** notify the Division of Child Support (DCS) in writing of any change in the availability of health insurance within **10 days** of the change if collection services are provided by DCS.

h) Uninsured Medical Expenses

Petitioner must pay _____% and Respondent must pay _____% of the unreimbursed costs of the children’s reasonable medical, dental, and vision care. This does not include ordinary nonprescription expenses like bandages, vitamins, and copays for regular checkups, which the parents must provide for the children in proportion to their parenting time. This obligation is in addition to any child support **and** will be **offset** by any cash medical support ordered above.

or

This obligation is **in addition** to any child support and cash medical support ordered above

(or)

orders regarding uninsured medical expenses are terminated

4. Additional changes: _____

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.

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.

5. Any terms in the prior *Judgment* not changed by this *Supplemental Judgment* remain in effect.

6. Court Costs and Fees (whether paid or deferred)

- Each party is responsible for paying his or her own costs and fees
- Costs and fees will be paid by both parties equally
- Respondent Petitioner must reimburse the other party for costs and fees paid
- Other: _____

7. Information Required by ORS 25.020(8)(a)

As required by UTCR 2.130, a *Confidential Information Form (CIF)* has been completed for each party and filed with the court. The CIF contains all information required by ORS 25.020(8)(a).

Both parties must inform the Court and the Department of Justice (P.O. Box 14506, Salem, Oregon 97309) in writing of any change in the information within ten (10) days of such change. The Department of Justice or the District Attorney shall not disclose the information in the preceding section to the other party.

8. Money Award* Support Obligation included

**only complete this section if there is a change to child or spousal/partner support*

	PETITIONER	RESPONDENT
Full Name		
Contact Address		
Year of Birth		
Social Security # (last 4 digits)		
Driver License # (last 4 digits) and State		
Lawyer's Name, Address, Phone #		

➤ *If an adult child is awarded support to be paid directly to the child **AND** there is no support awarded for minor children of the parties, or if the judge tells you that the adult child is a Judgment Creditor, fill out this box:*

<input type="checkbox"/> The adult child named (<i>full name and contact address</i>) _____ _____ is a judgment creditor on this judgment Adult child's lawyer's name, address, phone #: _____ _____
--

The following information must be provided by any party entitled to receive a money award as listed in this Judgment	
	The following person or public body is known to be entitled to a portion of a payment made on the judgment (other than payee's lawyer):
Petitioner	<input type="checkbox"/> None or <input type="checkbox"/> Name: _____ _____
Respondent	<input type="checkbox"/> None or <input type="checkbox"/> Name: _____ _____
Adult Child Name: _____	<input type="checkbox"/> None or <input type="checkbox"/> Name: _____ _____

Type of Judgment		Amount	Beginning / Ending
<input type="checkbox"/> Child Support	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____ Per month for child support	Beginning the first day of the month following: <input type="checkbox"/> entry of this judgment <i>or</i> <input type="checkbox"/> the date of service of the <i>Order to Show Cause</i> (date) _____ <i>or</i> <input type="checkbox"/> Other _____ and due on the first day of each month thereafter
	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Adult Child	and \$ _____ per month for cash medical support	
<input type="checkbox"/> Spousal/ Partner Support	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____ per month	Beginning: <input type="checkbox"/> the first <i>or</i> <input type="checkbox"/> _____ day of the month following entry of this judgment <i>or</i> <input type="checkbox"/> the date of service of the <i>Order to Show Cause</i> (date) _____ <i>or</i> <input type="checkbox"/> Other _____ and due on the same day of each month thereafter
		Ending the earlier of: (date) _____ or the death of either party	
		or	
		A lump sum of \$ _____	Paid by (date): _____
<input type="checkbox"/> Prejudgment Interest	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____	
<input type="checkbox"/> Postjudgment Interest	WHO RECEIVES <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	9% per year simple interest on the unpaid balance of the total judgment amount of \$ _____	Interest accrues from the date the judgment is entered and continues until the judgment is fully paid

<input type="checkbox"/> Court Costs and Service Fees already paid	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Checked party reimburses the other party's costs and fees of: \$ _____ Directly to the awarded party
<input type="checkbox"/> Deferred Court Costs and Service Fees	WHO PAYS <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Checked party must pay deferred costs and fees of: \$ _____ To the State of Oregon through this court

Judge Signature:

Certificate of Readiness under UTCR 5.100

This proposed judgment is ready for judicial signature because (*check all that apply*):

Service is not required under UTCR 5.100. The other party has been found in **default** or an order of default is being requested with this proposed judgment; this judgment is submitted **ex parte** as allowed by statute or rule; or this judgment is being submitted in **open court** with all parties present.

Each party affected by this judgment has **stipulated** to or **approved** the judgment, as shown by the signatures on the judgment, or by written confirmation sent to me.

I have **served** a copy of this judgment and the *Notice of Proposed Judgment or Order* on all parties entitled to service. **And:**

No objection has been served on me within the 7-day time frame.

I received objections that I could not resolve with the other party despite reasonable efforts to do so. I have filed with the court a copy of the objections I received and indicated which objections remain unresolved.

After conferring about objections, the other party (*name*) _____ agreed to file any remaining objection with the court.

Certificate of Service under UTCR 5.100

I certify that on (*date*): _____ I placed a true and complete copy of this proposed *Judgment* in the United States mail to (*name*) _____ at (*address*) _____

Submitted by: Petitioner Respondent

Signature

Print Name

I understand that I am subject to penalty for perjury for giving false information to the court. All factual information in this Judgment is true to the best of my knowledge and belief. I agree to the terms of this Judgment. I understand that this Judgment is enforceable by the court.

Date

Petitioner Signature

Print Name

Contact Address

City, State, Zip

Contact Phone

Respondent stipulates (agrees) to the terms of this judgment

Date

Respondent Signature

Print Name

Contact Address

City, State, Zip

Contact Phone

Child 18, 19, or 20 years of age, stipulates to the terms of this judgment

Child, Signature

Date

Child, Name (printed)

*If this judgment changes **parenting time** AND you did not have a trial, this form **MUST BE NOTARIZED** or sworn before a clerk of the court.*

The parents have agreed (stipulated) to the changes to parenting time as indicated by their signatures below

Petitioner, Signature

Date

Petitioner, Name (printed)

State of _____, County of _____

Signed or attested before me on _____ (date) by _____ (name)

Signature of notarial officer

My commission expires: _____

Title (and rank, if military officer)

Respondent, Signature

Date

Respondent, Name (printed)

State of _____, County of _____

Signed or attested before me on _____ (date) by _____ (name)

Signature of notarial officer

My commission expires: _____

Title (and rank, if military officer)

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). If you never received TANF, tribal TANF or AFDC in any state, an annual \$35 fee will apply if over \$550 is collected and distributed to the family each year.

Petitioner, Signature

Date

Respondent, Signature

Date

Adult Child, Signature

Date