

**IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF CLACKAMAS**

|                             |
|-----------------------------|
| _____                       |
| _____                       |
| Petitioner/Plaintiff,<br>v. |
| _____                       |
| _____                       |
| Respondent/Defendant.       |
| _____                       |

**CASE NO.**

**MOTION TO POSTPONE  
TRIAL/HEARING DATE**

Pursuant to UTCR 6.030, I, \_\_\_\_\_  Attorney   
Petitioner/Plaintiff  Respondent/Defendant, move the court for an order to postpone the  
trial/hearing date, currently set on \_\_\_\_\_, for the reasons described in the  
accompanying Declaration in Support of Motion to Postpone Trial/Hearing Date.

Case (or Modification) Filing Date: \_\_\_\_\_  
Previous Trial/Hearing Dates: \_\_\_\_\_  
Previous Postponement Dates: \_\_\_\_\_

**REQUIRED:**

Opposing Party:  consents  objects  has not responded.  
Probable Trial Status:  court  jury

At least one judicial day's notice of the time and date of this ex parte appearance was given to all  
opposing parties as follows:

\_\_\_\_\_  
\_\_\_\_\_

**(Must attach Certificate of Service to back of this form)**

Day time phone number that other party can be reached at: \_\_\_\_\_  
I hereby move the court for an order to postpone the family law hearing date.

Dated: \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Phone No. \_\_\_\_\_

I am an attorney, and I certify that I have advised my client of this request. OSB# \_\_\_\_\_

**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 document.

**Submitted by:**

---

Printed Name

OSB # if Attorney

---

Contact Address

City, State, Zip

Contact Telephone Number

**IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF CLACKAMAS**

|                       |
|-----------------------|
| _____                 |
| Petitioner/Plaintiff, |
| v.                    |
| _____                 |
| _____                 |
| Respondent/Defendant. |

**CASE NO.** \_\_\_\_\_  
**DECLARATION IN SUPPORT OF  
MOTION TO POSTPONE  
TRIAL/HEARING DATE**

I, \_\_\_\_\_  Attorney  Petitioner/Plaintiff   
Respondent/Defendant, do hereby declare and say that the following information in support of  
my Motion to Postpone Trial/Hearing Date is true to the best of my knowledge:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This trial/hearing date is currently set for: \_\_\_\_\_ (date).

**I hereby declare that the above statement is true to the best of my knowledge and belief,  
and that I understand it is made for use as evidence in court and is subject to penalty for  
perjury.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Printed Name

**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  
document.

**Submitted by:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
OSB # if Attorney

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

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

\_\_\_\_\_  
Telephone or Contact Telephone



**IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF CLACKAMAS**

|                             |
|-----------------------------|
| _____                       |
| Petitioner/Plaintiff,<br>v. |
| _____                       |
| _____                       |
| Respondent/Defendant.       |

**CASE NO.**

**ORDER TO POSTPONE  
TRIAL/HEARING DATE**

**It is hereby ORDERED:**

Requested New Trial/Hearing Date \_\_\_\_\_

- Granted**
- Granted, Regular Course**
- Denied**
- Other \_\_\_\_\_

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Circuit Court Judge

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

*\*For Civil and Domestic cases, attach stamped and addressed confirmation cards for all parties.*

**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 document.

**Submitted by:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
OSB # if Attorney

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

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

\_\_\_\_\_  
Contact Telephone Number

**CERTIFICATE OF SERVICE**

I,  Petitioner/Plaintiff  Respondent/Defendant  Attorney, certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I served a true copy of the attached Motion to Postpone Trial/Hearing Date and proposed Order with accompanying Declaration upon, \_\_\_\_\_, the  Petitioner/Plaintiff  Respondent/Defendant at the following address: \_\_\_\_\_ within the County of \_\_\_\_\_, State of \_\_\_\_\_.

In accordance with ORCP 9A, service was completed by the following method(s):

- by **mailing** true copies in a sealed, first-class, postage-prepaid envelope, addressed to the person(s) named above at their last-known address(es) as set forth above, and deposited with the U.S. Postal Service, on the date set forth below.
- by causing a true copy to be **hand-delivered** to the attorney named above at said attorney’s last known office address as set forth above, on the date set forth below.
- by sending a true copy via **overnight courier**, in a sealed, prepaid envelope, addressed to the attorney named above at said attorney’s last known office address as set forth above, on the date set forth below.
- by **faxing** a true copy to the attorney, at the last known fax number for the attorney’s office, on the date set forth below.

Date: \_\_\_\_\_  
Signature

**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 document.

**Submitted by:**

\_\_\_\_\_  
Printed Name OSB # if Attorney  
\_\_\_\_\_  
Contact Address City, State, Zip Contact Telephone Number

**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 (1)(c) because the other party has been found in **default** or an order of default is being requested with this proposed judgment; because 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