

# Parenting Plan Enforcement Instructions

## **Important Notice about Enforcement of Orders from Another Court.**

To enforce an Out-of-State parenting time order or judgment, you will also have to complete the forms: Enforcement of Out-of-State Custody and Parenting Time Orders. The forms are available on the court website [www.court.oregon.gov/courts/washington](http://www.court.oregon.gov/courts/washington) or from the Family Law Assistance Program.

If the order was entered in another Oregon county, you will need to file a request to transfer with the court that entered the order (*Change of Venue/Transfer Case*).

## **STEP 1 – FILLING OUT THE FORMS**

**For all cases**, if the copy of the parenting time judgment or order you attach to your motion contains confidential personal information, you must redact—black out or erase—that information.

You must fill out and file a *Confidential Information Form (CIF)* for each party and must serve the other party with a *Notice of Filing of Confidential Information Form (CIF)*. See the CIF forms and CIF information sheet for the type of information that must be protected.

**If your case involves a Washington County, Oregon order/judgment, fill out the following forms:**

- *Motion and Declaration in Support of Order to Show Cause Re: Enforcement of Parenting Time*
- *Order to Show Cause Regarding Enforcement of Parenting Time*
- *Confidential Information Form (CIF) (one for each party)*
- *Notice of Filing Confidential Information Form*

The case party information does not change, it is the same as when parenting time was ordered. If you were the Petitioner when the case started, you remain the Petitioner. If you were the Respondent, you are still the Respondent. Use the same court case number from the original parenting time order/judgment.

DO NOT fill in the section that sets the hearing date or the judge’s portion of the *Order to Show Cause*.

Attach a copy of the order/judgment that established the parenting time that you want to enforce to the original *Motion and Declaration in Support of Order to Show Cause Re: Enforcement of Parenting Time*.

## **STEP 2 – FILING THE FORMS**

Forms will be filed with the Domestic Relations Department during regular business hours. The filing fee is paid when the forms are filed. There will be a signed *Order to Show Cause*, which grants or denies the motion. Check back in approximately two weeks to see if the order is signed. If the order is granted, you must officially notify the other party. This is called “service”.

## **STEP 3 – NOTIFYING THE OTHER PARTY (SERVICE)**

The Domestic Relations Department will provide a ‘Service Packet’ copy of all filed forms (except CIFs).

### **NOTES ABOUT SERVICE:**

- 1) You CANNOT serve the forms yourself, unless the other party signs an Acceptance of Service form.
- 2) Service may be done by any competent person, 18 or older, that lives in the state where service is done.
- 3) Service may be arranged with a local sheriff’s office or a private process server.
- 4) A *Certificate of Service* will be filled out by whoever does the service and must be filed with the court.

## **STEP 4 – ATTEND THE HEARING**

**You must appear at the scheduled hearing** or the request to enforce parenting time may be denied.

## **STEP 5 – SUPPLEMENTAL JUDGMENT**

After the hearing, the judge may require that you prepare the Supplemental Judgment Re: Enforcement of Parenting Plan form, or the judge may prepare the form.

**NOTE:** You must give the other party opportunity to review the judgment before filing it with the court. (See UTCR 5.100 for information)

## Information about the Confidential Information Form (CIF)

### What is a CIF?

Most court files may be viewed by the public. Uniform Trial Court Rule (UTCRC) 2.130 requires certain confidential personal information to be protected from public disclosure. That is done by providing the information in a separate form. After you file your papers, the court keeps the form separate from the part of the court file that may be viewed by the public. The form is UTCRC Form 2.130.1, known as the Confidential Information Form, or CIF.

### What information does a CIF make confidential?

The information protected by the CIF is social security numbers, birth dates, driver license numbers, and former legal names. Also protected are the name, address, and telephone number of a party's employer.

The CIF should only be used to protect the information described above. There may be other information in your court papers that you do not want the public to be able to see, such as bank account or credit card numbers. The separate process for protecting that information is described in UTCRC 2.100.

### How do I know when I need to put information in the CIF?

When a document filed with the court requires you to include information protected by a CIF, that information must **only** be provided to the court in a CIF and must not be listed in any other document to be filed. Where you would otherwise provide the information in the document to be filed you must make a note that the information has been provided in the CIF. For example, if a document requires a party's full social security number to be listed, you must not list the social security number, but must instead make a note on the document that the information has been filed under UTCRC 2.130. **The online court forms already have that note on the form.**

### Do I need to file more than one CIF?

In most cases, yes. You must fill out a CIF for yourself, and if the documents you are filing with the court require confidential personal information about the other party, you must also fill out a separate CIF with the other party's information. If your case involves children, you should include their information in *your* CIF. You do not need a separate CIF for your children.

If there is CIF information you do not know when you file your papers, or if the information changes during your case, you must file an amended CIF that provides the new or updated information.

The CIF rule requires you to redact—black out or erase—confidential personal information from any attachments to documents you file with the court and to make a note on the attachment that the information has been provided in the CIF. The only exception is when you are required to attach a court-certified document. Documents that are required to be court certified should not be altered in any way.

### Does the other party get copies of a CIF I file?

You are not required to serve the CIFs on the other party, though you may share a CIF with the other party if you chose to do so. You *are* required to serve the other party with UTCRC Form 2.130.2, which is a notice that a CIF has been filed. You must also file a certificate with the court showing that you served the other party with the notice that a CIF was filed.

There are steps the other party and other people can go through to ask the court to allow them access to a CIF that you have filed. UTCRC 2.130 explains that process in detail and describes the circumstances under which the court must deny a request by someone else to view a CIF you have filed.

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

Case No: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

and

MOTION AND DECLARATION IN SUPPORT  
OF ORDER TO SHOW CAUSE RE:  
ENFORCEMENT OF PARENTING TIME  
(ORS 107.434)

\_\_\_\_\_  
Respondent

**1. Motion**

Petitioner  Respondent requests that the court Order the parties to appear to show cause why parenting time should not be enforced in the following way(s) based on the violation of parenting time or substantial violations of the parenting plan detailed in the declaration below:

a. Modifying the provisions of the parenting plan by:

(1) Specifying a detailed parenting time schedule, as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Imposing additional terms and conditions on the parenting time schedule as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) Ordering the following additional parenting time, if in the best interests of the child, to compensate for wrongful deprivation of parenting time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b.  Ordering the party who is violating the parenting plan to post bond or security.
- c.  Ordering either or both parties to attend counseling or educational sessions focusing on the impact of violating the parenting plan on children.
- d.  Awarding the prevailing party his/her expenses incurred in enforcing the parenting plan, including but not limited to attorney fees, filing fees and court costs.
- e.  Terminating, suspending, or modifying spousal support.
- f.  Terminating, suspending, or modifying child support if the Court finds that parenting time has been denied or interfered without good cause, and other requirements of ORS 107.431 are met.
- g.  Scheduling a hearing for modification of custody.

**2. Order Establishing Parenting Time**

A copy of the Order or Judgment establishing the parenting time is **attached** to this Motion.

NOTICE: Review the Confidential Information Form (CIF) information sheet. If the copy of the order or judgment establishing parenting time you are attaching to this motion contains protected information, you must redact—black out or erase—that information from the copy.

**3. Points and Authorities**

This request is based on ORS 107.434 which requires an expedited hearing and authorizes various remedies for violations of parenting plans.

**4. Declaration**

The following facts support my Motion for Enforcement of the Parenting Plan. The other party violated my parenting time, or substantially violated the parenting plan, in the following way(s): \_\_\_\_\_

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

Additional page labeled “Details About Parenting Plan, continued.”

I request that the Court order the remedies I selected in my Motion because: \_\_\_\_\_

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

*If you asked the court to modify the parenting plan provisions or schedule a hearing for modification of custody in your motion, you must provide the following information.*

**Information Required by the UCCJEA.**

List the **county and state** where any of the joint children have lived in the **last five years**, the names of the people they lived with at that time, and **CURRENT** address for those people.

Dates From/To	County, State	Name of Parent/Caretaker	CURRENT Address/Contact Address of Parent/Caretaker	Which Children

Additional page attached titled “UCCJEA”

I  have *or*  have not participated in any litigation concerning the custody, visitation, parenting time or placement of the children in this or any other state. I have participated in the following litigation:

Name of Court	State	Case No.	Date Filed	Result

I do not know of any other proceeding that may affect the outcome of this case, including enforcement of domestic violence or protective orders, adoption, or termination of parental rights involving any of the children pending in any state  except for: (*identify affected children, court, case number, and the kind of proceeding*)

I do not know any person besides the other parent who has physical custody of the children or who claims to have custody, visitation or parenting time rights  except for: (*list name and address and affected children*)

**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 as evidence in court and I am subject to penalty for perjury.**

DATED: \_\_\_\_\_

Petitioner    Respondent, Signature    Print Name    Email Address

Contact Address    City, State, Zip    Contact Telephone

**Notice About Sanctions**

The remedies the Court may impose as a result of this motion to enforce a parenting plan are listed on page 1 of this document, in Section 1, paragraphs “a” through “g.”

When pleaded and shown in a separate legal action, violation of court orders, including parenting time and visitation orders, may also result in a finding of contempt, which can lead to fines, imprisonment, or other penalties, including compulsory community service.

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

Case No. \_\_\_\_\_

ORDER TO SHOW CAUSE REGARDING  
ENFORCEMENT OF PARENTING TIME

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent

Based upon the Motion and Declaration in Support of the  Petitioner  Respondent the request for an Order to Show Cause to Enforce Parenting Time is hereby:

allowed

denied

IT IS ORDERED that both parties appear in person before the court,  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ o'clock  a.m.  p.m.  
in Room \_\_\_\_\_ of the Circuit Court in the Washington County Courthouse in Hillsboro, Oregon,  
to show why parenting time should not be enforced in the way(s) listed in the motion.

**If accommodation under the Americans with Disabilities Act is needed, please contact the Court Administration at (503) 846-8767.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
JUDGE (Signature)

**Certificate of Readiness under UTCR 5.100**

This proposed order is ready for judicial signature under UTCR 5.100 because this order is submitted ex parte as allowed by statute, rule or otherwise.

**Submitted by:**

\_\_\_\_\_  
 Petitioner  Respondent, Signature      Print Name      Email Address

\_\_\_\_\_  
Contact Address      City, State, Zip      Contact Number

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

\_\_\_\_\_ Petitioner  
and  
\_\_\_\_\_ Respondent

Case No. \_\_\_\_\_

**CONFIDENTIAL  
INFORMATION FORM (CIF)**  
 Amended CIF

*UTCR 2.130*

\_\_\_\_\_  
Unmarried children 18, 19, or 20 years old (*full names*)

**Submitted by:**  Petitioner  Respondent  Other: \_\_\_\_\_

**Information about (name):** \_\_\_\_\_  
(*first, middle, last*)  Petitioner  Respondent  Other: \_\_\_\_\_

Any Other Names Used:
Date of Birth:
Social Security Number:
Driver License (Number and State):
Employer's Name, Address, and Telephone Number:

**Minor Children of the parties: <sup>1</sup>**

Children's Names: ( <i>first, middle, last</i> )	Date of Birth:	Social Security Number:

Additional page attached

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<sup>1</sup> 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 WASHINGTON

\_\_\_\_\_  
Petitioner  
  
and  
  
\_\_\_\_\_  
Respondent

Case No. \_\_\_\_\_

**CONFIDENTIAL  
INFORMATION FORM (CIF)**  
 Amended CIF

UTCR 2.130

\_\_\_\_\_  
Unmarried children 18, 19, or 20 years old (*full names*)

**Submitted by:**  Petitioner  Respondent  Other: \_\_\_\_\_

**Information about (name):** \_\_\_\_\_  
(*first, middle, last*)  Petitioner  Respondent  Other: \_\_\_\_\_

Any Other Names Used:
Date of Birth:
Social Security Number:
Driver License (Number and State):
Employer's Name, Address, and Telephone Number:

**Minor Children of the parties: <sup>1</sup>**

Children's Names: (*first, middle, last*)      Date of Birth:      Social Security Number:

Children's Names: ( <i>first, middle, last</i> )	Date of Birth:	Social Security Number:

Additional page attached

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<sup>1</sup> 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 WASHINGTON

\_\_\_\_\_  
Petitioner

Case No. \_\_\_\_\_

and

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

Amended CIF

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Unmarried children 18, 19, or 20 years old (*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  
 any other names used

2) 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  
 any other names used

3) 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  
 any other names used

4) 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  
 any other names used

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Email Address

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

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

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

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

Case No: \_\_\_\_\_

\_\_\_\_\_  
and  
\_\_\_\_\_  
Petitioner  
Respondent

**CERTIFICATE OF SERVICE**

(ORCP 7D(2))

- (a) Personal Service  
 (b) Substitute Service  
 (c) Office Service  
 (d) Service by Mail

I, (name) \_\_\_\_\_, declare I am a resident of the state of \_\_\_\_\_. I am a competent person 18 years of age or older. I am not a party to or lawyer in this case, and not the employee of a party. I certify the person served is the person named below. I served true copies of the original (**check all that apply**):

Motion and Declaration in Support of Order to Show Cause  
Re: Enforcement of Parenting Time

Order to Show Cause re: Enforcement of Parenting Time

Other forms: \_\_\_\_\_

**by** (check a, b, c, or d and complete all information):

**(a)**  **Personal Service** on (date) \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m., to  
 Petitioner  Respondent (name) \_\_\_\_\_ in person at  
the following address \_\_\_\_\_  
in the County of \_\_\_\_\_, State of \_\_\_\_\_.

**(b)**  **Substitute Service** on (date) \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m., by  
delivering them to the following address \_\_\_\_\_  
in the County of \_\_\_\_\_, State of \_\_\_\_\_, delivered to  
(name) \_\_\_\_\_, who is a person age 14 or older and who  
lives there.

*(Complete the section below only if the server also did the follow-up mailing required by ORCP 7D(2)(b). If a person other than the server did the follow-up mailing, that person must complete a separate Certificate of Service Mailing.)*

On (date) \_\_\_\_\_, I personally deposited a true copy of the same documents served with the U.S. Postal Service, via first class mail, in a sealed envelope, postage paid, addressed to the party to be served:

Petitioner  Respondent (name) \_\_\_\_\_, at the party's home address listed above, together with a statement of the date, time and place that the documents were hand-delivered at the party's dwelling (residence).

**(c)**  **Office Service** on *(date)* \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m., by delivering them to the office of the party to be served, located at: *(address)* \_\_\_\_\_, during normal working hours for that office, where I left the documents with *(name)* \_\_\_\_\_, who is a person apparently in charge, to give the documents to the party to be served.  
*(Complete the section below only if the server also did the follow-up mailing required by ORCP 7D(2)(c). If a person other than the server did the follow-up mailing, that person must complete a separate Certificate of Service Mailing.)*

On *(date)* \_\_\_\_\_, I personally deposited a true copy of the same documents served with the U.S. Postal Service, via first class mail, in a sealed envelope, postage paid, addressed to the party to be served:  
 Petitioner  Respondent *(name)* \_\_\_\_\_, at the party's:  home address at: \_\_\_\_\_, **OR**  
 business address above, together with a statement of the date, time and place that the documents were hand-delivered to the party's office.

**(d)**  **Service by Mail, Return Receipt Requested** on *(date)* \_\_\_\_\_, I personally deposited **two** true copies with the U.S. Postal Service. **One** by first class mail, and the **other** by certified or registered mail, Return Receipt Requested, or by express mail, postage paid, addressed to the party to be served:  
 Petitioner  Respondent *(name)* \_\_\_\_\_, at the party's home address located at: *(address)* \_\_\_\_\_.

*(NOTE: If mailed Return Receipt Requested, a copy of the return receipt **SIGNED ONLY BY THE OTHER PARTY** must be attached to this Certificate of Service.)*

**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: \_\_\_\_\_

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Signature of Server	Print Name	Email Address
Contact Address	City, State, Zip	Contact Telephone

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

Case No. \_\_\_\_\_

\_\_\_\_\_  
Petitioner

and

SUPPLEMENTAL JUDGMENT  
RE: ENFORCEMENT OF PARENTING PLAN

\_\_\_\_\_  
Respondent

This matter came before the Court at a hearing held (*date*) \_\_\_\_\_, at which the following persons were present:

- Petitioner     Petitioner's attorney: \_\_\_\_\_  
 Respondent     Respondent's attorney: \_\_\_\_\_

The Court considered the evidence presented and found that:

- Oregon has jurisdiction under the Uniform Child Custody Jurisdiction and Enforcement Act over the parenting time issue because  
 Washington County Circuit Court made the initial child custody determination.  
 Other: \_\_\_\_\_

- Oregon does not have jurisdiction over the parenting time issue because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOW, THEREFORE, IT IS HEREBY ORDERED:**

- The parenting plan currently in effect shall be modified in accordance with the following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ shall be required to attend the following counseling or education sessions: \_\_\_\_\_

Spousal support shall be  terminated  suspended  modified as follows: \_\_\_\_\_

Child support shall be  terminated  suspended  modified as follows: \_\_\_\_\_

Petitioner  Respondent \_\_\_\_\_ shall be required to post bond or security as follows: \_\_\_\_\_

The requested relief is denied.

Other: \_\_\_\_\_

Petitioner  Respondent shall be awarded:

reasonable attorney fees,  filing fees,  court costs,  service fees,  other: \_\_\_\_\_  
incurred in enforcing the parenting plan (*see also provisions for court costs and fees below*).

**If Court Costs and Fees were Waived or Deferred:** (please check the boxes below that apply)

Petitioner or  Respondent shall be liable for all the filing fees, court costs, service fees  other: \_\_\_\_\_  
that were waived or deferred.

Petitioner  Respondent shall each be liable for one half the filing fees, court costs, service fees

other: \_\_\_\_\_ that were waived or deferred.

The State of Oregon shall have judgment against  Petitioner  Respondent for  one-half  all the filing fees, court costs, service fees  other: \_\_\_\_\_ that were waived or deferred.

**If Court Costs and Fees were Paid by the Parties:** (please check the boxes below that apply)

Petitioner  Respondent shall be liable for  one-half  all the filing fees, court costs, service fees, other: \_\_\_\_\_ that have been paid in this suit, and judgment shall be entered accordingly.

**Information Required by ORS 25.020 and ORS 107.085.**

Based on a finding that the health, safety, or liberty of  Petitioner  Respondent or a child, \_\_\_\_\_, would unreasonably be put at risk by disclosure of the following information,  Petitioner  Respondent has been allowed not to disclose this information.

Both parties shall inform the Court and the Department of Justice (P.O. Box 14506, Salem, Oregon 97309) in writing of any change in the below information required by ORS 25.020 within ten (10) days of such change, unless a finding of unreasonable risk has been made in this case. If the court has ordered that a party be allowed not to disclose information, the Department of Justice or the District Attorney shall not disclose the information in the following section to the other parent.

Otherwise:

	Petitioner	Respondent
Full Name		
Former Legal Name(s)	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Age		
Address or Contact Address		
Telephone Number		
Social Security Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Driver License Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Name	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Address	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Telephone	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).

**Money Award.** Support Obligation  included  not included.

	<b>PETITIONER</b>	<b>RESPONDENT</b>
Full Name		
Address or Contact Address		
Attorney's Name, Telephone Number and Address		
<b>Year</b> of Birth		
Social Security <b>(last 4 digits)</b>		
Driver License Number <b>(last 4 digits)</b> and State		

**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 <i>or</i> <input type="checkbox"/> Name: _____
Respondent	<input type="checkbox"/> None <i>or</i> <input type="checkbox"/> Name: _____

<b>Type of Judgment</b>		<b>Amount of Judgment</b>
Child Support	<b>WHO PAYS</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent  <b>WHO RECEIVES</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$_____ per month of which <b>none (\$)</b> <b>or</b> <input type="checkbox"/> \$_____ is cash medical support starting on the <input type="checkbox"/> first <b>or</b> <input type="checkbox"/> _____ day of the month following entry of this judgment  <b>OR</b> Other: <i>(date)</i> _____ and due on the same day of each month thereafter and ending when the last child turns 21 (if the child remains a Child Attending School).  <input checked="" type="checkbox"/> Cash medical support will not accrue whenever private health care coverage is being provided by the judgment debtor/obligor. <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's prior obligation to <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent terminates <i>(date)</i> _____

Type of Judgment	Amount of Judgment	
Spousal/Partner Support	<b>WHO PAYS</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	1. \$ _____ per month starting on the <input type="checkbox"/> first <b>or</b> <input type="checkbox"/> _____ day of the month following entry of this judgment <b>OR</b> Other: <i>(date)</i> _____ and due on the same day of each month thereafter <b>AND</b> Ending the earlier of <i>(date)</i> _____ or the death of either party <b>OR</b> 2. A lump sum payment of \$ _____ to be paid by <i>(date)</i> _____
	<b>WHO RECEIVES</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Prejudgment Interest	<b>WHO PAYS</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____
	<b>WHO RECEIVES</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Postjudgment Interest	<b>WHO PAYS</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	Nine percent (9 %) per year 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.
	<b>WHO RECEIVES</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Accrued Arrears (if any, on judgments to be paid on a periodic basis)	<b>WHO PAYS</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	1. \$ _____ 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; <b>or</b> 2. A lump sum payment of \$ _____ to be paid by: _____ (date).
	<b>WHO RECEIVES</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	
Costs and Service Expenses (e.g., filing fees, hearing fees, trial fees, process fees)	<b>WHO PAYS</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	\$ _____ \$ _____
	<b>WHO RECEIVES</b> <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> State of Oregon	

DATED: \_\_\_\_\_

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

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



**I understand that I am subject to penalty of 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.**

Submitted by: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent		Date: _____
Signature	Print Name	Email Address
Contact Address	City, State, Zip	Contact Telephone

- Petitioner** stipulates (agrees) to the terms of this Judgment.
- Approved as to form (based on a judge's ruling from a hearing).

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner Name (printed)

- Respondent** stipulates (agrees) to the terms of this Judgment.
- Approved as to form (based on a judge's ruling from a hearing).

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respondent Name (printed)

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

Case No: \_\_\_\_\_

\_\_\_\_\_  
and Petitioner

**CERTIFICATE OF READINESS  
UTCR 5.100**

\_\_\_\_\_  
Respondent

**Certificate of Readiness under UTCR 5.100**

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

1.  Each opposing party affected by this order or judgment has stipulated to the order or judgment, as shown by each opposing party's signature on the document being submitted.
2.  Each opposing party affected by this order or judgment has approved the order or judgment, as shown by signature on the document being submitted or by written confirmation of approval sent to me.
3.  I have served a copy of this order or judgment on all parties entitled to service and:
  - a.  No objection has been served on me.
  - b.  I received objections that I could not resolve with the opposing party despite reasonable efforts to do so. I have filed a copy of the objections I received and indicated which objections remain unresolved.
  - c.  After conferring about objections, the opposing party agreed to independently file any remaining objection.
4.  The relief sought is against an opposing party who has been found in default.
5.  An order of default is being requested with this proposed judgment.
6.  Service is not required pursuant to subsection (3) of this rule, or by statute, rule, or otherwise.

**Certificate of Service under UTCR 5.100**

I certify that on (*date*): \_\_\_\_\_ I placed a true and complete copy of the proposed order/judgment in the United States mail to (*name*): \_\_\_\_\_  
at (*address*): \_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_  
 Petitioner  Respondent Signature      Print Name      Email Address

\_\_\_\_\_  
Contact Address      City, State, Zip      Contact Telephone

**NOTICE TO SELF-REPRESENTED LITIGANT**  
**OF PROPOSED JUDGMENT OR ORDER**

**\* This notice is to be mailed to all other parties before submitting a proposed judgment or order to the court for signature. Mail the judgment or order to the other party with this notice at least seven days before submitting it to the court. This does not apply to judgments submitted with a motion for order of default or after an order of default has been granted. \***

*Note: If the other party is represented, the attorney must be served with the proposed judgment or order at least three days prior to submitting it to the court.  
This notice is not for service on an attorney.*

This notice is to inform you that you can object to the attached proposed judgment or order.

Uniform Trial Court Rule (UTCRC) 5.100 allows you to object to the proposed judgment or order. If you have no objections, you may sign the end of the judgment or order and return it to me.

**If you do object to any of the terms of the judgment or order, you may:**

**1) Contact me within seven days of the date of this notice.** If you contact me and we are not able to resolve your objections after reasonable efforts, I will include your objections with the proposed judgment or order when I submit it to the court.

**or**

**2) Submit your objections directly to the court.** If you intend to submit your objections directly to the court, notify me within seven days of the date of this notice so that I can inform the court of your intentions when I submit the proposed judgment or order. If you do object to the proposed order or judgment, you must contact me within seven days of the date of this notice.

DATED: \_\_\_\_\_

Petitioner  Respondent, Signature

Print Name

Contact Address

City, State, Zip

Contact Telephone