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

	Petitioner,)) Case No
V.	v. Respondent,))) MOTION TO WAIVE) ORS 3.425 PARENTING CLASS))
I am the ☐ Petitioner parenting class for the		ove entitled case. I am requesting a waiver of the
nd belief, and tha		ents are true to the best of my knowledg are made for use as evidence in court
Date	Sig	nature of □Petitioner □Respondent
	Ad	dress or Contact Address
	Cit	y, State, Zip code
	Tel	lephone or Contact Telephone
Please return form to:	YAMHILL COUNTY CO 535 N E 5th Street, Room 1 McMinnville, Oregon 9712	28

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

v. Respondent,)) Case No) ORDER TO WAIVE ORS 3.425 PARENTING CLASS))
□Petitioner's □ Respondent's motion for waive	er of the ORS 3.425 Parenting Class is hereby:
☐ Granted	
☐ Denied	

<u>Certificate of Readiness under UTCR 5.100</u> This proposed order is ready for judicial signature because service is not required under UTCR 5.100 because this order is submitted ex parte as allowed by statute or rule.

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

	Case No:
	CERTIFICATE OF SERVICE
Petitioner	(ORCP 7D(2))
and	\square (a) Personal Service
	☐ (b) Substitute Service
	\square (c) Office Service
Respondent	\square (d) Service by Mail
I, (name)	. declare that I am a resident of the state of
	person 18 years of age or older. I am not a
party to or lawyer in this case, and not the employe	•
the person named below. I served true copies of the	
Petition and Summons	t original (theth an that apply).
☐ Information about mediation	
Notice of Confidential Information Form (CIF) Filing
Notice of Confidential Information Form (onting Discipation of Assets
☐ Order to Show Cause re: Modification with	Motion and Declaration
☐ Information about continuing insurance co	
	overage (CODKA)
Uniform Support Declaration Other information provided by the court of	erk (name all forms or documents served)
_ Other information provided by the court cr	erk (name an forms of documents served)
Other (name all forms or documents serve	ed)
by (check a, b, c, or d and complete all information	on):
	, ata.m./p.m., to
{□ Petitioner □ Respondent} (name)	
following address	in the
following address, State of	
(b) Substitute Service on (date)	, at a.m./p.m., by
delivering them to the following address	
delivering them to the following address, State of, who is a personal complete the section below only if the server also	Delivered to (<i>name</i>)
, who is a pers	son age 14 or older and who lives there.
(Complete the section selection and in the selection disc	and the follow up maning required by offer
7D(2)(b). If a person other than the server did the	
complete a separate Certificate of Service Mailing	<i>i.)</i>
□ On <i>(date)</i> , I per	sonally 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: \square Petitic	oner 🗆 Respondent (<i>name</i>)

, at the party's home address list time and place that the documents were hand-o	ed above, together with a statement of the date delivered to the party's dwelling (residence).	e,
(c) \Box Office Service on (date)	, at a.m./p.m., by	
delivering them to the office of the party to be s	erved located at: (address)	
denvering them to the office of the party to be s	during normal working hours for that	
office, where I left the documents with (name)	, during normal working nours for that	10
is a person apparently in charge, to give the doc	ruments to the party to be served.	.0
(Complete the section below only if the server a	also did the follow-up mailing required by OF	CP
7D(2) (c). If a person other than the server did		-
complete a separate Certificate of Service Mail		
□ 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, posta	ge
paid, addressed to the party to be served: \square Pe		
, at the party's: □ hom		
. <i>OR</i> \(\text{b} \)	usiness address above, together with a stateme	ent
of the date, time and place that the documents	were hand-delivered to the party's office.	,,,,,
(d) Service by Mail, Return Rece	eipt Requested on (date)	,
I personally deposited two true copies with the	U.S. Postal Service. One by first class mail, a	nd
the other by certified or registered mail, Return	n Receipt Requested, or by express mail, posta	ıge
paid, addressed to the party to be served: \Box Pe		Ū
(name), at the pa	arty's home address located at:	
	(address). (NOTE: If mailed Return Reco	eipt
Requested, the return receipt must be attached	to this Certificate of Service.)	•
I hereby declare that the above statemen		
and belief, and that I understand they are am subject to penalty for perjury.	e made for use as evidence in court and	I
and subject to penalty for perjury.		
Date	Signature of Server	
	3	
	Print Name	
If person serving is NOT a sheriff or sheriff's d	eputy, address and phone number of server:	
-	- · · · · · · · · · · · · · · · · · · ·	