APPENDIX OF FORMS

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:

A. [ ] I selected this document for myself, and I completed it without paid assistance.

B. [ ] I paid or will pay money to _____ for assistance in preparing this form/document.

_____
(Signature)

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____ COUNTY
_____ Division - _____
(court's address and phone number)

Case name: _____ Plaintiff Name v. _____ 1ST Defendant Name	)))))))	CASE No. _____ **UTCR 2.100 REQUEST TO SEGREGATE PROTECTED PERSONAL INFORMATION FROM CONCURRENTLY FILED DOCUMENT**

IMPORTANT NOTE TO PERSON COMPLETING THIS REQUEST: Except as specifically ordered by a court, this request and UTCR form 2.100.4b **cannot be used for contact information** (addresses, telephone numbers, employer identification, and similar information that can be used to contact someone, *see UTCR 2.100*). The type of information that can be protected by this form is limited to what is listed in UTCR 2.100.

To the court: Pursuant to UTCR 2.100, I request that the protected personal information in the form submitted with this request be segregated from information that the general public can see in the case noted above.

The protected personal information I request to be segregated is as follows:

A. The following is a **general** description of the protected personal information (*example description: "my Social Security number" or "parent's bank account number"*). ***Do not include specific protected personal information here.***	B. The following is the legal authority by which I believe this information may be exempt from public inspection (*cite to statute, rule, case, etc.)*. *Row numbers correspond to those in column A. Add rows in both columns as necessary.*
1.	1.
2.	2.
3.	3.
4.	4.

PERSON MAKING REQUEST MUST COMPLETE ALL THE FOLLOWING AS INDICATED:

1. *(Initial to confirm)* _____ The specific protected personal information described above is provided on the attached UTCR 2.100 segregated information sheet.

2. *(Initial to confirm)* _____ I have segregated the information described above from another document or form that I am submitting at the same time, (*describe document or form*) _____ , to keep the protected information from being available to the general public. I appropriately noted in that other document the places where information has been provided in the attached information sheet rather than in that document. (*No fee is charged when information is segregated at time of submission.)*

3. I (*initial one)* _____ have OR _____ have not attached a self-addressed, stamped postcard with language required by UTCR 2.100 so that the court can inform me of its response to this request.

4. *(Initial to confirm)* _____ I understand that while the protected personal information may be withheld from the general public if this request is granted, it may still be available to some persons and government agencies as described in UTCR 2.100.

5. *(Initial to confirm, "na" if not applicable)* _____ If this document was prepared by someone who is not an attorney, I have attached a completed document preparation certification that applies to both this request and the attached form as required by UTCR 2.010(7).

6. *(Initial to confirm)* _____ I have mailed or delivered copies of this request (*not including the attached UTCR Form 2.100.4b and its attachments*) to the persons required by UTCR 2.080.

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 _____
OSB# (*if applicable*) _____ Type or print name _____

For office use:

Request _____ granted OR _____ denied (*state reason*) _____
_____.

Date: _____

TRIAL COURT ADMINISTRATOR
By_____

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____ COUNTY
_____ Division - _____
(court's address and phone number)

Case name:
_____
Plaintiff Name
v.
_____
1ST Defendant Name

CASE No. _____

UTCR 2.100 SEGREGATED INFORMATION SHEET

ATTENTION COURT STAFF: **Except as your trial court administrator tells you otherwise, this sheet and its attachments are:**

- **to be maintained separately from the attached request, and**
- **NOT placed in any court file where they can be seen by the public, and**
- **NOT provided to any member of the public to see or copy**.

PLEASE follow UTCR and Judicial Department instructions for protecting information on this form. Ask your trial court administrator if you have questions.

The requestor MUST complete all of the following information:

1. Requestor information:
   Name:
   Address:
   Telephone number:
   Other contact information:
   Relationship to case:

2. Protected personal information that is segregated:

Row number used to identify on request	**General** description of the protected personal information (*same as on request*)	Relates to (*Person's name*)	The following is the specific Protected Personal Information to be segregated (*give the specific fact, e.g. Social Security number, that is being protected).* This can be a reference to an attachment. **Do not use for contact information** (*addresses, telephone numbers, employer identification, and similar information that can be used to contact someone*) unless specifically ordered by a court. The type of information that can be protected by this form is limited to what is listed in UTCR 2.100. Add rows as necessary.

3. There are attachments to this information sheet: ____ Yes ____ No
   If so, how many pages _____

For Office use:

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____COUNTY

_____ Division - _____
(court's address and phone number)

Case name: _____ Plaintiff Name v. _____ 1st Defendant Name	))))))	CASE No. _____ **REQUEST TO INSPECT UTCR 2.100 SEGREGATED INFORMATION SHEET**

By this form, I request to see or obtain a copy of part or all of a UTCR 2.100 Segregated Information Sheet (SIS) that is being withheld from the public. I have completed this form to provide the information the court requires of me to make this request. I understand the court will not automatically grant this request but will use applicable law to decide whether I have a right to see or copy the information I request. I understand this request will be a public record whether or not granted.

1. Information about me:

a. My Name: _____
b. My Address: _____
c. My Telephone number: _____
d. Other contact information for me: _____
e. I believe I have a legal right to see the information because (*explain reasons*): _____
_____

2. To identify the UTCR 2.100 Segregated Information Sheet (SIS) I am requesting:

a. Name of person who submitted request for SIS: _____
b. Date request submitted: _____
c. Description of document from which information is segregated: _____
d. General description(s) of protected personal information I am requesting to see (*use same general description as on request in file*): _____
e. Row number(s) of description of this information on request: _____
f. Name of person to whom information relates (*if known*): _____
g. The request for the SIS shows that the SIS includes other information I am not requesting to inspect or copy (*check one)* ____ Yes OR ____ No. *(If Yes, this other information will be redacted)*

3. Confirming additional requirements completed:

a. *(Initial to confirm, "na" if not applicable)* _____ If this document was prepared by someone who is not an attorney, I have attached a completed document preparation certification that applies to both this request and the attached form as required by UTCR 2.010(7).

b. *(Initial to confirm)* _____ I have mailed or delivered copies of this request to the following persons required by UTCR 2.080 *(list names)*: _____.

c. *(Initial to confirm)* _____ I understand that I will be responsible for any costs resulting from the court responding to this request except those costs for which I have obtained a waiver, and will advance money to cover those costs if requested by the court.

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 _____
OSB# (*if applicable*) _____ Type or print name _____

For Office use:

Request to inspect ____ granted OR ____ denied (*state reason*) _____
Related comments: _____

Date: _____

TRIAL COURT ADMINISTRATOR
By _____

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____ COUNTY
_____ Division - _____
(court's address and phone number)

Case name: _____ Plaintiff Name v. _____ 1ST Defendant Name	))))))	CASE No. _____ **UTCR 2.110 REQUEST TO REDACT PROTECTED PERSONAL INFORMATION FROM DOCUMENT EXISTING IN CASE FILE**

IMPORTANT NOTE TO PERSON COMPLETING THIS REQUEST: Except as specifically ordered by a court, this request and UTCR Form 2.100.4b **cannot be used for contact information** (addresses, telephone numbers, employer identification, and similar information that can be used to contact someone, *see UTCR 2.110*). The type of information that can be protected by this form is limited to what is listed in UTCR 2.100.

To the court: Pursuant to UTCR 2.110, I request that the protected personal information in the form attached to this request be redacted from a document in the case file for the case noted above that the general public can see.

The protected personal information I request to be segregated is as follows:

A. The following is a **general** description of the protected personal information (*example description: "my Social Security number" or "father's bank account number"*). ***Do not include specific protected personal information here.***	B. The following is the legal authority by which I believe this information may be exempt from public inspection (*cite to statute, rule, case, etc.)*. *Row numbers correspond to those in column A. Add rows in both columns as necessary.*
1.	1.
2.	2.
3.	3.
4.	4.

PERSON MAKING REQUEST MUST COMPLETE ALL THE FOLLOWING AS INDICATED:

1. *(Initial to confirm)* _____. The specific protected personal information described above is provided on the attached UTCR 2.100 segregated information sheet.

2. The specific protected personal information is in the document in the case file that the following identifies:

   a. Case file number where found: _____.

   b. Description of document containing the information: _____.

   c. Page number *(identification)* of the page(s) containing the information: _____.

   d. A copy of the object page(s) showing specifically the information to be redacted is attached (*required)*:
   ☐ Yes ☐ No

3. I have attached the required fee of $_____ per page for all of the _____ (*number of pages)* pages I have requested be redacted for a total amount of $_____ (*total amount of check or money order attached*).
   ☐ Yes ☐ No

4. I (*initial one)* _____ have OR _____ have not attached a self-addressed, stamped postcard with language required by UTCR 2.110 so that the court can inform me of its response to this request.

5. *(Initial to confirm)* _____. I understand that while the protected personal information may be withheld from the general public if this request is granted, it may still be available to some persons and government agencies for purposes described in UTCR 2.100.

6. *(Initial to confirm, write "na" if not applicable)* _____. If this document was prepared by someone who is not an attorney, I have attached a completed document preparation certification that applies to both this request and the attached form as required by UTCR 2.010(7).

7. *(Initial to confirm)* _____. I have mailed or delivered copies of this request (*not including the attached UTCR Form 2.100.4b and its attachments*) to the persons required by UTCR 2.080.

I hereby declare that the above statement, the attached information sheet, and any attachments to the information sheet are 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 _____
OSB# (*if applicable*) _____ Type or print name _____

For office use:

Segregation _____ granted OR _____ denied (*state reason*) _____
_____.

Date: _____

TRIAL COURT ADMINISTRATOR
By _____

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

_____, ☐ Petitioner ☐ Co-Petitioner, and _____. ☐ Respondent ☐ Co-Petitioner. _____ ☐ Child At Least 18 But Under 21 ☐ Other_____	Case No.: _____ **FAMILY LAW CONFIDENTIAL INFORMATION FORM (CIF)** ☐ **Amended CIF** **This document is not accessible to the public or other parties. Exceptions may apply. See UTCR 2.130.**

ATTENTION COURT STAFF: THIS IS A RESTRICTED-ACCESS DOCUMENT.

The information below is about: ☐ Petitioner ☐ Respondent ☐ Co-Petitioner_____

☐ **Child at least 18 but under 21:** _____

☐ **Other:** _____

Name (Last, First, Middle): _____

The names of the parties and the children, as well as the children's ages, are NOT confidential.

Former Legal Name(s) (if applicable):
Date of Birth:
Social Security Number:
Driver License (Number and State):
Employer's Name, Address, and Telephone Number:

Children's Names (Last, First, Middle)	Date of Birth	Social Security Number

Please attach an additional sheet if there are more than five children involved in the proceeding.

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 are subject to penalty for perjury.

Date:_____ Signature:_____

Type or Print Name:_____

COMPLETED AND SUBMITTED BY:

☐ **Petitioner** ☐ **Respondent** ☐ **Co-Petitioner**_____

☐ **Child who is at least 18 and under 21:** _____

☐ **Other:** _____

NOTE TO COURT STAFF: Unless ordered or authorized under UTCR 2.130, this Confidential Information Form is <u>not available</u> to the <u>opposing party or his/her attorney</u>, or to the <u>public;</u> except for the state.

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

_____, ☐ Petitioner ☐ Co-Petitioner, and _____. ☐ Respondent ☐ Co-Petitioner. _____ ☐ Child At Least 18 But Under 21 ☐ Other_____	Case No.: _____ **NOTICE OF FILING OF** ☐ **CONFIDENTIAL INFORMATION FORM (CIF)** ☐ **AMENDED CIF**

NOTICE: Confidential Information Form Has Been Filed

- Uniform Trial Court Rule (UTCR) 2.130 requires that parties to domestic relations cases place certain information about themselves and other parties in a CIF when such information is required in a document filed with the court.
- The CIF is not available for public inspection except as authorized by law.
- Parties are allowed to see a CIF that contains information about them.
- A party who wants to see a CIF that contains information about another party must ask for permission from the court or the other party by following the procedures set out in UTCR 2.130.

I am the (check one box):
☐ Petitioner ☐ Respondent ☐ Co-Petitioner _____
☐ Child at least 18 but under 21: _____
☐ Other: _____

I filed Confidential Information Forms with the court about the following parties to this case (*complete a section for each party for whom you have filled out a CIF*)**:**

1) Name (Last, First, Middle):_____
☐ Petitioner ☐ Respondent ☐ Co-Petitioner ☐ Adult Child ☐ Other:_____

Confidential Personal Information contained in CIF (check all that apply):

☐ party's social security number, ☐ party's date of birth, ☐ children's social security number, ☐ children's date of birth, ☐ employer's name, address, and telephone number, ☐ driver license number, ☐ former legal name(s).

2) Name (Last, First, Middle):_____
☐ Petitioner ☐ Respondent ☐ Co-Petitioner ☐ Adult Child ☐ Other:_____

Confidential Personal Information contained in CIF (check all that apply):

☐ party's social security number, ☐ party's date of birth, ☐ children's social security number, ☐ children's date of birth, ☐ employer's name, address, and telephone number, ☐ driver license number, ☐ former legal name(s).

3) Name (Last, First, Middle):_____
☐ Petitioner ☐ Respondent ☐ Co-Petitioner ☐ Adult Child ☐ Other:_____

Confidential Personal Information contained in CIF (check all that apply):

☐ party's social security number, ☐ party's date of birth, ☐ children's social security number, ☐ children's date of birth, ☐ employer's name, address, and telephone number, ☐ driver license number, ☐ former legal name(s).

4) Name (Last, First, Middle):_____
☐ Petitioner ☐ Respondent ☐ Co-Petitioner ☐ Adult Child ☐ Other:_____

Confidential Personal Information contained in CIF (check all that apply):

☐ party's social security number, ☐ party's date of birth, ☐ children's social security number, ☐ children's date of birth, ☐ employer's name, address, and telephone number, ☐ driver license number, ☐ former legal name(s).

Dated this _____ day of _____, 20____

_____
Signature Print Name

_____
Contact Address City, State, Zip Contact Telephone

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

STATE,	)	Case No. _____
	)	
v.	)	PROSECUTING ATTORNEY'S NOTIFICATION
	)	OF COMPLIANCE WITH CRIME VICTIMS'
_____,	)	CONSTITUTIONAL RIGHTS
Defendant	)	

The charging instrument ☐ does ☐ does not include the name or pseudonym of each victim known to the prosecuting attorney.

- ☐ The additional victim(s) name(s) or pseudonym(s) known to this prosecutor is listed on this form or on the attached "Supplemental Victim Information Page."
- ☐ The listing of all victims in this case would be impractical for the prosecuting attorney.

My file indicates that I or a person known to me made a reasonable effort to give the following victim(s) information about the rights granted to victims by Article I, sections 42(1)(a) to (f) and 43, of the Oregon Constitution.

Victim's Name: _____

- ☐ Victims' rights information: ☐ Received ☐ Not received ☐ Unconfirmed
- ☐ Requested to be informed in advance of the following critical stages of the proceeding:
  - ☐ All ☐ None ☐ Release Hearing(s) ☐ Plea ☐ Sentencing ☐ Other: _____.
- ☐ Did ☐ Did not request that the prosecuting attorney assert and enforce the victim's constitutional rights, and the prosecuting attorney:
  - ☐ did not agree to assert or enforce any rights.
  - ☐ agreed to assert and enforce the following rights: _____.
- ☐ The victim expressed intent to assert the victim's constitutional rights independently.
- ☐ The court suspended the victim's constitutional rights pursuant to Article I, section 42(5), of the Oregon Constitution.

Victim's Name: _____

- ☐ Victims' rights information: ☐ Received ☐ Not received ☐ Unconfirmed
- ☐ Requested to be informed in advance of the following critical stages of the proceeding:
  - ☐ All ☐ None ☐ Release Hearing(s) ☐ Plea ☐ Sentencing ☐ Other: _____.
- ☐ Did ☐ Did not request that the prosecuting attorney assert and enforce the victim's constitutional rights, and the prosecuting attorney:
  - ☐ did not agree to assert or enforce any rights.
  - ☐ agreed to assert and enforce the following rights: _____.
- ☐ The victim expressed intent to assert the victim's constitutional rights independently.
- ☐ The court suspended the victim's constitutional rights pursuant to Article I, section 42(5), of the Oregon Constitution.

Submitted this _____ day of _____, 20____.

_____
Prosecuting Attorney

OSB No. _____

Supplemental Victim Information Page (for use in cases with more than two victims) Case No. _________________

My file indicates that I or a person known to me made a reasonable effort to give the following victim(s) information about the rights granted to victims by Article I, sections 42(1)(a) to (f) and 43, of the Oregon Constitution.

Victim's Name: ____

- ☐ Victims' rights information: ☐ Received ☐ Not received ☐ Unconfirmed
- ☐ Requested to be informed in advance of the following critical stages of the proceeding:
  ☐ All ☐ None ☐ Release Hearing(s) ☐ Plea ☐ Sentencing ☐ Other: __________________________.
- ☐ Did ☐ Did not request that the prosecuting attorney assert and enforce the victim's constitutional rights, and the prosecuting attorney:
  - ☐ did not agree to assert or enforce any rights.
  - ☐ agreed to assert and enforce the following rights: ____.
- ☐ The victim expressed intent to assert the victim's constitutional rights independently.
- ☐ The court suspended the victim's constitutional rights pursuant to Article I, section 42(5), of the Oregon Constitution.

Victim's Name: ____

- ☐ Victims' rights information: ☐ Received ☐ Not received ☐ Unconfirmed
- ☐ Requested to be informed in advance of the following critical stages of the proceeding:
  ☐ All ☐ None ☐ Release Hearing(s) ☐ Plea ☐ Sentencing ☐ Other: __________________________.
- ☐ Did ☐ Did not request that the prosecuting attorney assert and enforce the victim's constitutional rights, and the prosecuting attorney:
  - ☐ did not agree to assert or enforce any rights.
  - ☐ agreed to assert and enforce the following rights: ____.
- ☐ The victim expressed intent to assert the victim's constitutional rights independently.
- ☐ The court suspended the victim's constitutional rights pursuant to Article I, section 42(5), of the Oregon Constitution.

Victim's Name: ____

- ☐ Victims' rights information: ☐ Received ☐ Not received ☐ Unconfirmed
- ☐ Requested to be informed in advance of the following critical stages of the proceeding:
  ☐ All ☐ None ☐ Release Hearing(s) ☐ Plea ☐ Sentencing ☐ Other: __________________________.
- ☐ Did ☐ Did not request that the prosecuting attorney assert and enforce the victim's constitutional rights, and the prosecuting attorney:
  - ☐ did not agree to assert or enforce any rights.
  - ☐ agreed to assert and enforce the following rights: ____.
- ☐ The victim expressed intent to assert the victim's constitutional rights independently.
- ☐ The court suspended the victim's constitutional rights pursuant to Article I, section 42(5), of the Oregon Constitution.

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

In the Matter of:	)	Case No. _____
	)	
	)	PROSECUTING ATTORNEY'S NOTIFICATION
	)	OF COMPLIANCE WITH CRIME VICTIMS'
_____,	)	CONSTITUTIONAL RIGHTS
A Youth / Youth Offender.	)	

The charging instrument ☐ does ☐ does not include the name or pseudonym of each victim known to the prosecuting attorney.

- ☐ The additional victim(s) name(s) or pseudonym(s) known to this prosecutor is listed on this form or on the attached "Supplemental Victim Information Page."
- ☐ The listing of all victims in this case would be impractical for the prosecuting attorney.

My file indicates that I or a person known to me made a reasonable effort to give the following victim(s) information about the rights granted to victims by Article I, sections 42(1)(a) to (f) and 43, of the Oregon Constitution.

Victim's Name: _____

- ☐ Victims' rights information: ☐ Received ☐ Not received ☐ Unconfirmed
- ☐ Requested to be informed in advance of the following critical stages of the proceeding:
  - ☐ All ☐ None ☐ Release Hearing(s) ☐ Plea ☐ Disposition ☐ Other: _____.
- ☐ Did ☐ Did not request that the prosecuting attorney assert and enforce the victim's constitutional rights, and the prosecuting attorney:
  - ☐ did not agree to assert or enforce any rights.
  - ☐ agreed to assert and enforce the following rights: _____.
- ☐ The victim expressed intent to assert the victim's constitutional rights independently.
- ☐ The court suspended the victim's constitutional rights pursuant to Article I, section 42(5), of the Oregon Constitution.

Victim's Name: _____

- ☐ Victims' rights information: ☐ Received ☐ Not received ☐ Unconfirmed
- ☐ Requested to be informed in advance of the following critical stages of the proceeding:
  - ☐ All ☐ None ☐ Release Hearing(s) ☐ Plea ☐ Disposition ☐ Other: _____.
- ☐ Did ☐ Did not request that the prosecuting attorney assert and enforce the victim's constitutional rights, and the prosecuting attorney:
  - ☐ did not agree to assert or enforce any rights.
  - ☐ agreed to assert and enforce the following rights: _____.
- ☐ The victim expressed intent to assert the victim's constitutional rights independently.
- ☐ The court suspended the victim's constitutional rights pursuant to Article I, section 42(5), of the Oregon Constitution.

Submitted this _____ day of _____, 20____.

_____
Prosecuting Attorney

OSB No. _____

Supplemental Victim Information Page (for use in cases with more than two victims) Case No. ________________

My file indicates that I or a person known to me made a reasonable effort to give the following victim(s) information about the rights granted to victims by Article I, sections 42(1)(a) to (f) and 43, of the Oregon Constitution.

Victim's Name: ____

- ☐ Victims' rights information: ☐ Received ☐ Not received ☐ Unconfirmed
- ☐ Requested to be informed in advance of the following critical stages of the proceeding:
  ☐ All ☐ None ☐ Release Hearing(s) ☐ Plea ☐ Disposition ☐ Other: _________________________.
- ☐ Did ☐ Did not request that the prosecuting attorney assert and enforce the victim's constitutional rights, and the prosecuting attorney:
  - ☐ did not agree to assert or enforce any rights.
  - ☐ agreed to assert and enforce the following rights: ____.
- ☐ The victim expressed intent to assert the victim's constitutional rights independently.
- ☐ The court suspended the victim's constitutional rights pursuant to Article I, section 42(5), of the Oregon Constitution.

Victim's Name: ____

- ☐ Victims' rights information: ☐ Received ☐ Not received ☐ Unconfirmed
- ☐ Requested to be informed in advance of the following critical stages of the proceeding:
  ☐ All ☐ None ☐ Release Hearing(s) ☐ Plea ☐ Disposition ☐ Other: _________________________.
- ☐ Did ☐ Did not request that the prosecuting attorney assert and enforce the victim's constitutional rights, and the prosecuting attorney:
  - ☐ did not agree to assert or enforce any rights.
  - ☐ agreed to assert and enforce the following rights: ____.
- ☐ The victim expressed intent to assert the victim's constitutional rights independently.
- ☐ The court suspended the victim's constitutional rights pursuant to Article I, section 42(5), of the Oregon Constitution.

Victim's Name: ____

- ☐ Victims' rights information: ☐ Received ☐ Not received ☐ Unconfirmed
- ☐ Requested to be informed in advance of the following critical stages of the proceeding:
  ☐ All ☐ None ☐ Release Hearing(s) ☐ Plea ☐ Disposition ☐ Other: _________________________.
- ☐ Did ☐ Did not request that the prosecuting attorney assert and enforce the victim's constitutional rights, and the prosecuting attorney:
  - ☐ did not agree to assert or enforce any rights.
  - ☐ agreed to assert and enforce the following rights: ____.
- ☐ The victim expressed intent to assert the victim's constitutional rights independently.
- ☐ The court suspended the victim's constitutional rights pursuant to Article I, section 42(5), of the Oregon Constitution.

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

STATE,	)	Case No. _____
	)	
v.	)	CLAIM OF VIOLATION OF CRIME
	)	VICTIM'S RIGHT(S) UNDER ARTICLE I,
	)	SECTION 42(1)(a) TO (g) OR 43, OF THE
	)	OREGON CONSTITUTION
_____,	)	
Defendant.	)	(For use in a **criminal** case)

1. I, _____, am

   ☐ A victim in the above-listed criminal case.
   ☐ The district attorney acting at the request of a victim, _____, in the above-listed criminal case.
   ☐ A private attorney representing a victim, _____, in the above-listed criminal case.
   ☐ A person who wishes to be, but has not been, recognized as a victim, in the above-listed criminal case.

2. ☐ I am the victim and I have provided my contact information on a separate form. I request that my contact information be sealed and not made part of the public record in this case.
   ☐ I am acting on behalf of the victim and have included service information with this claim form.

3. The violation occurred on the _____ day of _____, 20____, when (describe events – attach a separate sheet if you need more space):

4. I believe this conduct violated the following right(s) granted by Article I, sections 42(1)(a) to (g) and 43, of the Oregon Constitution:

   - ☐ To be present at and, upon specific request, to be informed in advance of any critical stage of the proceedings held in open court when the defendant is present, and to be heard at the pretrial release hearing and the sentencing.
   - ☐ Upon request, to obtain information about the conviction, sentence, imprisonment, criminal history, and future release from physical custody of the criminal defendant or convicted criminal.
   - ☐ To refuse an interview, deposition, or other discovery request by the criminal defendant or other person acting on behalf of the criminal defendant.
   - ☐ To receive prompt restitution from the convicted criminal who caused the victim's loss or injury.
   - ☐ To have a copy of a transcript of any court proceeding held in open court, if one is otherwise prepared.
   - ☐ Upon request, to be consulted regarding plea negotiations involving any violent felony.
   - ☐ To be informed of the above-listed rights as soon as practicable.
   - ☐ To be reasonably protected from the criminal defendant or the convicted criminal throughout the criminal justice process.
   - ☐ To have decisions by the court regarding the pretrial release of a criminal defendant based upon the principle of reasonable protection of the victim and the public, as well as the likelihood that the criminal defendant will appear for trial.

5. In accordance with the rights provided in Article I, sections 42 and 43, of the Oregon Constitution, I request the following remedy:

   _____
   _____
   _____
   _____
   _____
   _____
   _____

6. I hereby request that the court grant an appropriate remedy or schedule a hearing to determine whether the victim's right(s) was violated.

   Submitted this _____ day of _____, 20____.

   _____
   Victim, Prosecuting Attorney or Private Attorney
   OSB No. _____

Note: You must file this claim with the court clerk's office.
Supplemental Form – Victim Contact Information

Case Name: _____
Case No. _____

Please list your residential address or an alternate contact address at which you would like to receive information from the court regarding court hearings and court decisions. Until your claim is resolved, you must provide updated contact information to the court if your contact information changes. If you fail to keep the court informed, the court may dismiss your claim.

_____
Name

_____
Street Address or PO Box (Contact address may be used)

_____ _____ _____
City State Zip Code

_____
Telephone Number

Note: You must provide this page to the court and the prosecuting attorney; you do not need to provide this page to the defendant.

THIS INFORMATION MUST BE KEPT UNDER SEAL BY THE COURT.

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

In the Matter of:	)	Case No. _____
	)	
	)	CLAIM OF VIOLATION OF CRIME
	)	VICTIM'S RIGHT(S) UNDER ARTICLE
	)	I, SECTION 42(1)(a) TO (g) OR 43, OF THE
_____,	)	OREGON CONSTITUTION
A Youth / Youth Offender.	)	
	)	(For use in a **juvenile delinquency** case)

1. I, _____, am

   - ☐ A victim in the above-listed juvenile delinquency case.
   - ☐ The district attorney acting at the request of a victim, _____, in the above-listed juvenile delinquency case.
   - ☐ A private attorney representing a victim, _____, in the above-listed juvenile delinquency case.
   - ☐ A person who wishes to be, but has not been, recognized as a victim, in the above-listed juvenile delinquency case.

2. ☐ I am the victim and I have provided my contact information on a separate form. I request that my contact information be sealed and not made part of the public record in this case.
   ☐ I am acting on behalf of the victim and have included service information with this claim form.

3. The violation occurred on the _____ day of _____, 20____, when (describe events – attach a separate sheet if you need more space):

4. I believe this conduct violated the following right(s) granted by Article I, section 42(1)(a) to (g) and 43, of the Oregon Constitution:
5.
   - ☐ To be present at and, upon specific request, to be informed in advance of any critical stage of the proceedings held in open court when the youth/youth offender is present, and to be heard at any detention hearings and disposition.
   - ☐ Upon request, to obtain information about the adjudication, disposition, imprisonment, criminal history, and future release from physical custody of the youth/youth offender.
   - ☐ To refuse an interview, deposition, or other discovery request by the youth/youth offender or other person acting on behalf of the youth/youth offender.
   - ☐ To receive prompt restitution from the adjudicated youth who caused the victim's loss or injury.
   - ☐ To have a copy of a transcript of any court proceeding held in open court, if one is otherwise prepared.
   - ☐ Upon request, to be consulted regarding plea negotiations involving any violent felony.
   - ☐ To be informed of the above-listed rights as soon as practicable.
   - ☐ To be reasonably protected from the youth/youth offender throughout the juvenile justice process.
   - ☐ To have decisions by the court regarding the preadjudication release of a youth/youth offender based upon the principle of reasonable protection of the victim and the public, as well as the likelihood that the youth/youth offender will appear for adjudication.

6. In accordance with the rights provided in Article I, sections 42 and 43, of the Oregon Constitution, I request the following remedy:

_____
_____
_____
_____
_____
_____
_____

7. I hereby request that the court grant an appropriate remedy or schedule a hearing to determine whether the victim's right(s) was violated.

Submitted this _____ day of _____, 20____.

_____
Victim, Prosecuting Attorney or Private Attorney
OSB No. _____

Note: You must file this claim with the court clerk's office.
Supplemental Form - Victim Contact Information

Case Name: _____
Case No. _____

Please list your residential address or an alternate contact address at which you would like to receive information from the court regarding court hearings and court decisions. Until your claim is resolved, you must provide updated contact information to the court if your contact information changes. If you fail to keep the court informed, the court may dismiss your claim.

_____
Name

_____
Street Address or PO Box (Contact address may be used)

_____ _____ _____
City State Zip Code

_____
Telephone Number

Note: You must provide this page to the court and the prosecuting attorney; you do not need to provide this page to the defendant.

THIS INFORMATION MUST BE KEPT UNDER SEAL BY THE COURT.

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

_____	)	
_____,	)	
Plaintiff,	)	CIVIL CASE NO. _____
	)	
v.	)	STATEMENT FOR ATTORNEY
	)	FEES, COSTS, AND DISBURSEMENTS
_____	)	FOR (PLAINTIFF/DEFENDANT)
_____,	)	
Defendant.	)	

The undersigned attorney offers the following facts in support of an award of reasonable and necessary attorney fees, costs, and disbursements:

1. Plaintiff/Defendant is entitled to recover attorney fees, costs, and disbursements pursuant to the following facts, statute or rule:

_____

_____

2. Legal Fees including the number of hours and services provided in this matter by each attorney, clerk, and legal assistant and the hourly rates for each are set forth in detail in Exhibit 1. The total sum of these fees is $_____. Exhibit 1 is summarized as follows:

Name	Position	Hourly Rate	Number of Hours	Fees

3. The specific factors supporting an award and the amount of legal fees pursuant to ORS 20.075 or other statute or rule are set forth in Exhibit 2.

4. Litigation expenses billable directly to the client that are not overhead expenses already reflected in the hourly rate for legal services are set forth in detail in Exhibit 3. The total sum of these costs and disbursements is $_____.

5. Costs and disbursements supported by ORCP 68 A(2) or other statute or rule, including the prevailing party fee, are set forth in detail in Exhibit 4. The total sum of these costs and disbursements is $_____.

6. In anticipation of efforts that will be spent in postjudgment proceedings, plaintiff/defendant seeks the additional sum of $_____ as explained more fully in Exhibit 5.

7. In summary, plaintiff/defendant is entitled to an award of reasonable and necessary attorney fees in the sum of $_____, litigation expenses in the sum of $_____, costs and disbursements in the sum of $_____, and postjudgment work in the sum of $_____.

I hereby declare that the above statement, including the information contained in the exhibits to this 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 _____

OSB# (*if applicable*) _____ Type or print name _____

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

Case name:	)	
	)	
_____,	)	Case No._____
	)	
Plaintiff,	)	UNIFORM NOTICE OF ENTRY OF
	)	VERDICT/JUDGMENT INCLUDING AN
v.	)	AWARD OF PUNITIVE DAMAGES
	)	
_____,	)	
	)	
Defendant.	)	

Written notification hereby is given to the Department of Justice, Crime Victims' Assistance Section, 1162 Court St NE., Salem, Oregon 97301, that a [check appropriate box]

☐ verdict that includes an award of punitive damages

☐ judgment based on a verdict that includes an award of punitive damages

was entered in favor of _____, plaintiff/defendant/other [circle appropriate designation] in the above-captioned matter, on _____[insert date]. This notice is given pursuant to ORS 31.735(3) and UTCR 5.120.

Date _____ Signature _____

OSB# (*if applicable*) _____ Type or print name _____

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

_____, Plaintiff,	)	No. _____
v.	)	DECLARATION, MOTION, AND ORDER FOR COMMISSION TO TAKE FOREIGN DEPOSITION
_____, Defendant.	)	

I, _____, attorney for _____, state it is necessary in the above-entitled case to take the depositions of the following people in the state or country of _____:

_____
_____
_____

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 _____
OSB# (*if applicable*) _____ Type or print name _____

****

Pursuant to ORCP 38 and based on the above declaration, _____ moves this court for an order issuing a commission for depositions to be taken in the state or country of _____, and that the commission be effective for _____ day(s) from the date of signing by the clerk.

_____
Signature

_____ _____
Name of Attorney Typed or Printed OSB No.

****

IT IS ORDERED that the requested commission be issued and that the commission shall be effective for _____ day(s) from the date of signing by the clerk.

Signed this _____ day of _____, _____.

_____
Signature

_____
Judge's Name Typed or Printed

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

_____, Plaintiff,	)	No. _____
v.	)	COMMISSION TO TAKE FOREIGN DEPOSITION
_____, Defendant.	)	

TO ANY PERSON AUTHORIZED TO ADMINISTER OATHS IN _____:

Pursuant to ORCP, by order of the above-titled court made on application of _____ in the above-captioned case, you are hereby appointed, commissioned, and authorized to take the depositions of the following named people in the state or country of _____.

_____
_____
_____

You are authorized to administer an oath to the above witnesses and to take their depositions on oral examination. You are further authorized and directed to cause the examinations of these witnesses to be recorded and to certify that the witnesses were duly sworn and that the deposition transcripts are a true record of the witnesses' testimony. This commission expires _____ day(s) from the date of signing.

Signed this _____ day of _____, _____.

TRIAL COURT ADMINISTRATOR

by _____

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

_____ Plaintiff	)	**Case No:** _____
v.	)	**DECLARATION AND REQUEST FOR ISSUANCE OF A SUBPOENA PURSUANT TO ORCP 38 C**
_____ Defendant	)	

Attach the following:

- ***foreign subpoena***
- ***original and two copies of a fully completed subpoena that complies with the requirements of the Oregon Rules of Civil Procedure (ORCP), including ORCP 55***

I, *(name)* _____, am a ☐ party ☐ attorney of record in the underlying foreign case. I request the court clerk to issue the completed subpoena that is attached to this declaration.

The foreign subpoena that is attached to this declaration was issued by a court of record of a state as "state" is defined in ORCP 38 C(1)(b).

The completed subpoena that is attached to this declaration complies with the requirements of the ORCP, including ORCP 55.

The completed subpoena that is attached to this declaration contains the names, addresses, email addresses, and telephone numbers of all attorneys of record and self-represented parties in the foreign case.

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.

Dated _____

_____
Signature

_____
Print Name

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

_____, Plaintiff,	)	No. _____
v.	)	PETITION AND ORDER TO REGISTER FOREIGN DEPOSITION INSTRUMENT AND ISSUE SUBPOENAS
_____, Defendant.	)	

Petitioner certifies that:

The attached mandate, writ, commission, or letter rogatory was issued by _____ Court of the State or Country of _____ on the _____ day of _____, _____, in case no. _____, requiring testimony of a witness within the State of Oregon and the authority granted by the document is in full effect.

Therefore, petitioner requests that:

The mandate, writ, commission, or letter rogatory be approved by the court for filing so witnesses may be compelled by subpoena to appear and testify in the same manner and by the same process and proceeding as may be employed for the purpose of taking testimony in proceedings pending in this state.

Signed this _____ day of _____, _____.

_____
Signature

_____ _____
Name of Attorney Typed or Printed OSB No.

****

Petition granted. It is ordered that this petition and the attached mandate, writ, commission, or letter rogatory be filed, and upon filing, subpoena may be issued and served.

Signed this _____ day of _____, _____.

_____
Judge's Signature

_____
Judge's Name Typed or Printed

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

_____ Plaintiff	)
	) Case No. _____
v.	)
	) **MOTION FOR AN EXPEDITED CIVIL JURY**
	) **CASE DESIGNATION**
_____ Defendant	)

1. The parties move the court for an order designating this case as an expedited civil jury case and exempting or removing it from mandatory arbitration, pursuant to ORS 36.405(2)(a) and (b), and from all court rules requiring mediation, arbitration, and other forms of alternative dispute resolution.

2. Each party agrees:

   a. To fully comply with any agreements set forth in section 4 of this motion as to the scope, nature, and timing of discovery or, if there are no such agreements, to fully comply with the requirements of UTCR 5.150(4).

   b. That all discovery will be completed by _____ (which must be no later than 21 days before the trial date).

   c. That they have consulted with the office of the trial court administrator and have agreed on a trial date of _____. (The trial date must be no later than 120 days from the date of this request and is based on the understanding that ECJC designation will occur expeditiously.)

3. The parties agree: (Check one)

   ☐ To conduct discovery in accordance with section 4 of this motion. The terms of section 4 supersede UTCR 5.150(4).

   ☐ To conduct discovery in accordance with the requirements of UTCR 5.150(4).

4. If the parties agree to the scope, nature, and timing of discovery pursuant to UTCR 5.150(3), those discovery provisions are stated here and supersede UTCR 5.150(4).

   a. Document discovery
      ____ Set(s) of Requests for Production per party
      Serve by _____ (date)
      Produce by _____ (date)

   b. Depositions
      ____ Depositions per party
      Complete by _____ (date)

c. Requests for admissions

____ Sets of Requests for Admission per party
Serve by _____ (date)
Serve response by _____ (date)

d. Exchange names, and if known, the addresses and phone numbers, of witnesses

Describe categories of witnesses _____ (e.g., those described in UTCR 5.150(4)(a)(i), percipient, lay, expert, all)
Exchange by _____ (date)

e. Exchange existing witness statements

Describe categories of witnesses _____ (e.g., those described in UTCR 5.150(4)(a)(i), percipient, lay, expert, all)
Exchange by _____ (date)

f. Insurance agreements and policies discoverable pursuant to ORCP 36 B(2)

Produce by _____ (date)

g. Other, if any:

_____ (describe)
Produce by _____ (date)

5. The parties agree that expert testimony will be submitted at trial by (specify all that apply):

☐ Report (specify date for exchange) _____
☐ An alternative to in-person testimony _____ (describe)
☐ In-person testimony

6. To expedite the trial, the parties further agree as follows (describe stipulations such as those concerning marking and admissibility of exhibits, damages, and other evidentiary issues):

_____
_____
_____
_____
_____
_____

DATED this _____ day of _____, 20_____.

_____
Attorney for _____

_____
Attorney for _____

_____
Attorney for _____

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

_____ Plaintiff	) Case No. _____
v.	) **ORDER DESIGNATING AN EXPEDITED CIVIL JURY CASE**
_____ Defendant	)

I HEREBY ORDER that:

1. This case is designated as an expedited civil jury case.

2. Good cause having been shown, pursuant to ORS 36.405(2)(a) and (b), this case is
   ☐ exempt
   ☐ removed
   from mandatory arbitration and from all court rules requiring mediation, arbitration, and other forms of alternative dispute resolution.

2. Trial is set for _____ (date) at _____ (time).

3. [If applicable] This case is assigned to Judge _____, and the parties are directed to call the judge and arrange for a pretrial conference if feasible.

4. This order takes effect immediately.

DATED this _____ day of _____, 20_____.

_____
Circuit Court Judge

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

In the Matter of:	)	Case No. _____
	)	
_____,	)	Judge Assigned: _____
	)	
☐ Petitioner ☐ Co-Petitioner,	)	Check one box:
	)	☐ PETITIONER'S ☐ RESPONDENT'S
and	)	☐ CO-PETITIONER'S ☐ CO-RESPONDENTS or
	)	☐ OTHER: _____
_____,	)	
	)	**UNIFORM SUPPORT DECLARATION**
☐ Respondent ☐ Co-Respondent.	)	
	)	OR CSP Case No. _____

SUMMARY INFORMATION – COMPLETE THIS PAGE LAST

After completing Sections 1 through 5, on Pages 2 through 5 below, insert the information and/or total **MONTHLY** amounts in this Summary Information section. Date of Completion _____ mm/dd/year

1. Number of Joint Children From This Relationship: _____
2. Number of Joint Children Over 18 But Under 21 Attending School: _____
3. Number of Nonjoint Additional Children: _____
4. Gross Monthly Income From All Sources: $_____
5. Receiving Temporary Assistance for Needy Families? ☐ **Yes** ☐ **No**
6. Child(ren) on Oregon Health Plan/Healthy Kids or Other Public Health Plan? ☐ **Yes** ☐ **No**
7. Social Security or Veteran's Benefits Received for Child(ren): $_____
   Person with Disability is: ☐ Child ☐ Me ☐ Other Parent
8. Spousal Support RECEIVED by You: $_____
9. Spousal Support PAID by You: $_____
10. Mandatory Union Dues Paid: $_____
11. Health Care Premiums for Yourself: $_____
12. Health Care Premiums Paid for Joint Child(ren): $_____
13. Out-of-Pocket Medical Expenses Paid for Joint Child(ren): $_____
14. Number of ANNUAL Overnights Child(ren) Spends With You: _____
15. Childcare Expenses Paid for Joint Child(ren): $_____
16. City Where Childcare is Provided: _____

This form is a DECLARATION under penalty of perjury required for support determinations. It must be completed in its entirety, signed, filed with the court or appropriate administrative agency, and served upon the other party (or their attorney).

INSTRUCTIONS: Answer all questions. *Items marked with an * should be transferred to Page 1*. If you are seeking spousal support, you need to complete Schedule 1. Attach additional page if needed.

IMPORTANT: This information will be disclosed to the other party and may be subject to public access. Protections are available using the court's "Confidential Information Form" process.

1. CHILDREN

A. *List all JOINT CHILDREN (children under the age of 21 born or adopted during this relationship):

		Children Living With:			Over 18 & Under 21 Attending School	
Name of Child	**Age**	**Me**	**Other Parent**	**Other**	**Yes**	**No**

B. *List all NONJOINT ADDITIONAL CHILDREN (children under the age of 21 born to or adopted by you but not of this relationship).

Name	Age

2. YOUR GROSS INCOME

A. From Your Employment:

Description				Monthly Amount
1	Gross hourly wage.			
2	Average number of hours worked per pay period.	**x**		
3	Convert to annual. If paid monthly, enter "12". If paid twice monthly, enter "24". Every two weeks, enter "26". Every week, enter "52".	**x**		
4	Convert to monthly.	**÷**	**12**	
5	Gross monthly income: 1. x 2. x 3. ÷ 4.			
6	Gross monthly tips/commissions/bonuses (identify):			
Subtotal of Monthly Income From Employment (5) + (6)			**SUBTOTAL: 2.A.**	

B. Other Sources of Your Monthly Income: (Attach verification of your gross monthly income as listed below):

Description	Monthly Amount
Self-Employment	
Dividends	
Interest Income	
Trust Income	
Annuity Income	
Social Security Income	
Workers' Compensation Benefits per week multiplied by 52; divided by 12	
Unemployment Benefits per week multiplied by 52; divided by 12	
Disability Income	
Expense Reimbursements and/or Per Diem Allowance not listed in item A. above	
Other (specify source/type)	
Other (specify source/type):	
SUBTOTAL: 2.B.	
***Total of 2A + 2B Enter here and on Page 1, #4 TOTAL:**	

C. *Do you receive Temporary Assistance for Needy Families? ☐ **Yes, $**_____ **monthly** ☐ **No**

D. *Do you receive Social Security or Veteran's benefits for <u>any joint child(ren)</u> due to <u>parent's</u> disability?

Name of Beneficiary Child(ren) _____ ☐ **Yes, $**_____ **monthly** ☐ **No**

Name of Disabled Parent _____ **Source** _____

E. *Do you receive Social Security or Veteran's benefits for <u>any joint child(ren)</u> due to <u>child's</u> disability?

☐ **Yes, $**_____ **monthly** ☐ **No**

Name of Child(ren) _____ **Source** _____

F. *Is there an order for you to RECEIVE spousal support from <u>your spouse involved in this proceeding</u>?

☐ **Yes, $**_____ **monthly** ☐ **No**

G. *Is there an order for you to RECEIVE spousal support from a <u>former/subsequent spouse</u>?

☐ **Yes, $**_____ **monthly** ☐ **No**

H. *Are you ordered to PAY spousal support? ☐ **Yes, $**_____ **monthly** ☐ **No**

If Yes, to whom? _____

I. *Do you pay mandatory union dues? ☐ **Yes, $**_____ **monthly** ☐ **No**

J. ATTACH A COPY OF YOUR <u>FOUR</u> MOST RECENT PAY STUB(S), BENEFIT STATEMENTS, **AND** COPIES OF YOUR MOST RECENTLY FILED STATE AND FEDERAL TAX RETURNS.

ATTACH COPIES OF SPOUSAL SUPPORT ORDERS AND ANY CHILD SUPPORT ORDERS FOR NONJOINT ADDITIONAL CHILD(REN) NOT LIVING WITH YOU.

3. HEALTH CARE COVERAGE AND MEDICAL EXPENSES

A. *Is there a cost to insure just yourself? ☐ **Yes** ☐ **No**

B. Do you provide health care coverage for your joint child(ren)? ☐ **Yes** ☐ **No**

C. Does someone else provide health care coverage for your joint child(ren)? ☐ **Yes** ☐ **No**

Name of person, or entity, providing, if other than you: _____

D. Are you or any member of your household:

i. Enrolled in the Oregon Health Plan, Healthy Kids, or any other public health care coverage? ☐ **Yes** ☐ **No**

ii. Receiving a state subsidy for public or private health care coverage? ☐ **Yes** ☐ **No**

E. Are any of the joint children enrolled in public health care coverage (Healthy Kids/Oregon Health Plan)?

Name of child(ren) enrolled? _____ ☐ **Yes** ☐ **No**

If you answered "YES" to A, B, C, D, or E above:

i. Name **all** persons covered: _____

Relationship to you: _____

ii. What is the source of the insurance? (such as through your employer, spouse, other): _____

_____

iii. Insurance Co.: _____ Phone Number: _____

iv. Monthly amount of any state subsidy received by your household for public or private health-care coverage $_____.

v. Policy Number: _____ Group Number: _____

vi. Address for submission of claims: _____

_____

vii. Your total monthly premium cost: (A)$_____; Cost to cover only you: (B)*$_____; Total number of people enrolled (not counting yourself): (C)$_____; Number of joint children enrolled: (D)_____

*The cost for the joint child(ren) only is (A – B) ÷ C = $_____ x D = *$_____

viii. ATTACH PROOF OF INSURANCE PREMIUMS.

F. *Do you pay any out-of-pocket medical expenses (not covered by insurance) for any joint child(ren) on a monthly basis? ☐ **Yes** ☐ **No**

If yes, list the name of the child, the reason for the cost(s), and the amount per month:

i. _____; $_____

ii. _____; $_____

iii. _____; $_____

iv. _____; $_____

G. Does anyone pay a share of the monthly out-of-pocket medical costs for the child(ren)? ☐ **Yes** ☐ **No**

If yes, who? _____; amount they pay? $_____

H. ATTACH PROOF OF MONTHLY MEDICAL EXPENSES.

4. YOUR CHILDCARE EXPENSES

A. *Do you pay for childcare for the joint child(ren) so you can work, train, or look for work? ☐ **Yes** ☐ **No**

If yes,:

Paid to:	Name of Child	Age	Average Monthly Payment

B. *Does anyone else share the cost of childcare for the joint child(ren)? ☐ **Yes** ☐ **No**

If yes, name: _____ **Average Monthly Amount $**_____

C. *City where childcare is provided: _____

D. ATTACH COPIES OF PROOF OF CHILDCARE EXPENSES.

5. *YOUR PARENTING TIME

☐ PROPOSED ☐ OCCURRING ☐ EXISTING PLAN OR WRITTEN AGREEMENT

A. How many ANNUAL overnights does each joint child spend with YOU?

i. Name of Child: _____ # of overnights: _____

ii. Name of Child: _____ # of overnights: _____

iii. Name of Child: _____ # of overnights: _____

iv. Name of Child: _____ # of overnights: _____

B. ATTACH COPY OF MOST RECENT PARENTING PLAN OR WRITTEN AGREEMENT.

6. YOUR REBUTTAL FACTORS

A. The amount of child support to be paid may be rebutted under OAR 137-050-0760. *http://oregonchildsupport.gov/laws/rules/docs/050_0760.pdf*

i. Are you seeking a rebuttal (an adjustment to the support amount)? ☐ **Yes** ☐ **No**

ii. Explain briefly: _____

B. ATTACH SUPPORTING EVIDENCE/ADDITIONAL INFORMATION.

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 ARE SUBJECT TO PENALTY FOR PERJURY.

DATED this _____ day of _____, 20___.

My (printed) Name Is _____

I am:

☐ PETITIONER ☐ RESPONDENT ☐ CO-PETITIONER

☐ OTHER: _____

_____

SIGNATURE

ATTACHMENT CHECKLIST. Check the box and include the appropriate attachment(s).

- ☐ Four most recent pay stubs or benefit statements
- ☐ Most recent state and federal tax returns (including all applicable schedules)
- ☐ Proof of insurance premiums
- ☐ Proof of medical costs
- ☐ Most recent parenting plan or written agreement
- ☐ Proof of childcare costs
- ☐ Copies of Spousal and Child Support Orders
- ☐ Additional Page: Number items to correspond, include your name and case number
- ☐ Other: _____

CERTIFICATE OF MAILING

I hereby certify that I served a true and complete copy of this Uniform Support Declaration and all attachments by mailing it first class mail, with postage prepaid, on _____ (date) to the following people:

1. _____ (Other Party/Attorney name)

   Address: _____

   _____

2. _____ (name)

   Address: _____

   _____

_____

SIGNATURE

SCHEDULE 1
Spousal/Registered Domestic Partner Support Factors

You must complete this schedule and prepare and submit the attachments requested in this schedule if either party seeks spousal support or deviation from the uniform child support guidelines. These are the total household expenses you must pay each month for yourself only and not for others in your household. Utility bills should be averaged over the year. Any other annual, quarterly, or other periodic payments should be converted to a monthly average. DO NOT LIST ANY EXPENSE IF IT IS DEDUCTED FROM YOUR WAGES.

1. **FIXED COSTS:**

Description	Monthly Amount
A. RESIDENCE:	
Mortgage or Rent	
Second Mortgage/Home Equity Loan	
Property Taxes (if not included in Mortgage)	
Insurance (if not included in Mortgage)	
B. UTILITIES:	
Electricity	
Gas	
Water	
Garbage	
Telephone	
Cable/Internet	
C. TRANSPORTATION:	
Car Payments	
Fuel	
Maintenance and Repairs	
Other (specify):	
D. INSURANCE:	
Life	
Automobile	
Medical/Dental	
Other (specify):	
E. Food and Household Items	
F. Medicine &Pharmaceutical – unreimbursed medical/dental costs	
G. Court/DHR-Ordered Support Payments for other than child(ren)/spouse/RDP in this case	
TOTAL FIXED COSTS (A-G):	

2. **CONSUMER OBLIGATIONS:**

	Name of Creditor	Balance Due	Monthly Amount
A.			
B.			
C.			
D.			
E.			
F.			
	TOTAL PAYMENTS ON CONSUMER OBLIGATIONS (A-F):		

3. **SUMMARY OF EXPENSES:**

Description	Monthly Amount
Fixed Costs (item 1 above)	
Consumer Obligations (item 2 above)	
TOTAL EXPENSES:	

4. **OTHER FACTORS:**
Other factors that affect my income and expense or that should be considered (attach supporting documentation whenever possible).

TOTAL:	

My (printed) Name is: _____

I am:

☐ PETITIONER ☐ RESPONDENT

☐ CO-PETITIONER

☐ OTHER: _____

[Attach to Summons per ORS 107.093(5)]

NOTICE OF STATUTORY RESTRAINING ORDER PREVENTING THE DISSIPATION OF ASSETS IN DOMESTIC RELATIONS ACTIONS

REVIEW THIS NOTICE CAREFULLY. **BOTH PARTIES MUST OBEY EACH PROVISION OF THIS ORDER TO AVOID VIOLATING THE LAW.** YOU HAVE THE RIGHT TO A HEARING. SEE INFORMATION BELOW.

TO THE PETITIONER AND RESPONDENT:

Under ORS 107.093 and UTCR 8.080, Petitioner and Respondent must not:

Insurance Policies
(1) Cancel, modify, terminate, or allow to lapse for nonpayment of premiums, any policy of health insurance, homeowner or renter insurance, or automobile insurance that one party maintains to provide coverage for the other party or a minor child of the parties, or any life insurance policy that names either of the parties or a minor child of the parties as a beneficiary.

Insurance Beneficiaries
(2) Change beneficiaries or covered parties under any policy of health insurance, homeowner or renter insurance, or automobile insurance that one party maintains to provide coverage for the other party or a minor child of the parties, or any life insurance policy.

Property
(3) Transfer, encumber *(i.e., mortgage, lien, borrow against)*, conceal, or dispose of property in which the other party has an interest, in any manner, without written consent of the other party or an order of the court, except in the usual course of business or for necessities of life.

Expenses
(4) Make extraordinary expenditures without providing written notice and an accounting of the extraordinary expenditures to the other party.

EXCEPTIONS:
Paragraphs (3) and (4) do not apply to payment by either party of:

a. Attorney fees in this action
b. Real estate and income taxes
c. Mental health therapy expenses for either party or a minor child of the parties
d. Expenses necessary to provide for the safety and welfare of a party or a minor child of the parties

EFFECTIVE DATE:
The above provisions are in effect immediately upon service of the *Petition* and *Summons* on the respondent. They remain in effect until a final judgment is issued, until the petition is dismissed, or until further order of the court.

RIGHT TO REQUEST A HEARING

Either Petitioner or Respondent may request a hearing to modify or terminate one or more terms of this restraining order by filing with the court the *Request for Hearing re: Statutory Restraining Order* form specified in Form 8.080.3 in the UTCR Appendix of Forms.

[Attach to Summons per ORS 109.103(5)]

NOTICE OF STATUTORY RESTRAINING ORDER PREVENTING THE DISSIPATION OF ASSETS IN DOMESTIC RELATIONS ACTIONS BETWEEN UNMARRIED PARENTS

REVIEW THIS NOTICE CAREFULLY. **BOTH PARTIES MUST OBEY EACH PROVISION OF THIS ORDER TO AVOID VIOLATING THE LAW.** SEE INFORMATION ON YOUR RIGHT TO A HEARING BELOW.

TO THE PETITIONER AND RESPONDENT:

Under ORS 109.103(5) and UTCR 8.080, neither Petitioner nor Respondent may:

Insurance Policies
(1) Cancel, modify, terminate, or allow to lapse for nonpayment of premiums, any policy of health insurance that one party maintains to provide coverage for the other party or a minor child of the parties, or any life insurance policy that names either of the parties or a minor child of the parties as a beneficiary.

Insurance Beneficiaries
(2) Change beneficiaries or covered parties under any policy of health insurance that one party maintains to provide coverage for a minor child of the parties, or any life insurance policy.

EFFECTIVE DATE:
The above provisions are in effect immediately upon service of the *Petition* and *Summons* on the respondent. They remain in effect until a final judgment is issued, until the petition is dismissed, or until further order of the court.

RIGHT TO REQUEST A HEARING

Either Petitioner or Respondent may request a hearing to modify or revoke one or more terms of this restraining order by filing with the court the *Request for Hearing re: Statutory Restraining Order* form specified in Form 8.080.3 in the UTCR Appendix of Forms.

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

_____ Petitioner	)	**Case No:** _____
and	)	**REQUEST FOR HEARING RE: STATUTORY RESTRAINING ORDER**
_____ Respondent	)	☐ **Marriage** ☐ **Registered Domestic Partnership (RDP)** ☐ **Unmarried Parents**

I, ☐ Petitioner ☐ Respondent, request a hearing to terminate or modify the following terms of the Statutory Restraining Order *(explain)*:

a. Paragraph 1 ☐ Terminate *(or)* ☐ Modify : _____

b. Paragraph 2 ☐ Terminate *(or)* ☐ Modify : _____

c. Paragraph 3 ☐ Terminate *(or)* ☐ Modify : _____

d. Paragraph 4 ☐ Terminate *(or)* ☐ Modify : _____

☐ Additional pages attached, titled "Termination or Modification requests, continued"

I ☐ will ☐ will not be represented by a lawyer at the hearing.

Certificate of Document Preparation. Check all that apply:
☐ I chose this form for myself and completed it without paid help.
☐ A legal help organization helped me choose or complete this form, but I did not pay money to anyone.
☐ I paid (or will pay) _____ for help choosing, completing, or reviewing this form.

_____ Date

_____ Signature

_____ Name (printed)

_____ Contact Address City / State / ZIP Contact Phone

Certificate of Mailing

I certify that on *(date)*: _____ I placed a true and complete copy of this request in the United States mail to ☐ Petitioner ☐ Respondent at *(address)*: _____

_____ Date

_____ Signature

_____ Print Name

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

In the Matter of ☐ the Marriage of:	)	
	)	Case No. _____
_____,	)	
Petitioner,	)	CERTIFICATE RE: PENDING CHILD
and	)	SUPPORT PROCEEDINGS and/or EXISTING
	)	CHILD SUPPORT ORDERS/JUDGMENTS
_____,	)	
Respondent.	)	(UTCR 8.090)

I hereby certify that:

1. PENDING CHILD SUPPORT PROCEEDINGS *(include any child support matter being heard by either a court or agency as part of a dissolution, separation, annulment, paternity, juvenile court, support, or modification case)*:
   - ☐ There is no pending child support proceeding in this or any other state involving the parties' child[ren].
   - ☐ There is a pending child support proceeding ☐ in Oregon ☐ in another state which involves the parties' child[ren] as follows:
     Name/County of Court or Agency where pending: _____
     Agency Case Number: _____
     Court Case Number: _____
2. EXISTING CHILD SUPPORT ORDERS OR JUDGMENTS *(include any order/judgment whether made by an agency or a court in this or any other state, and whether or not currently effective)*:
   - ☐ There are no other child support orders/judgments in this or any other state involving the parties' child[ren].
   - ☐ There is/are other child support orders/judgments involving the parties' child[ren], as follows:

ORDER/JUDGMENT #1 *(Attach a copy of the signed order)*

Name/County of Court or Agency where issued: _____

Case Number: _____

Date of Order: _____

ORDER/JUDGMENT #2 *(Attach a copy of the signed order)*

Name/County of Court or Agency where issued: _____

Case Number: _____

Date of Order: _____

ORDER/JUDGMENT #3 *(Attach a copy of the signed order)*

Name/County of Court or Agency where issued: _____

Case Number: _____

Date of Order: _____

ORDER/JUDGMENT #4 *(Attach a copy of the signed order)*

Name/County of Court or Agency where issued: _____

Case Number: _____

Date of Order: _____

Attach additional sheets if necessary, labeled "Attachment 1 to Certificate Re: Child Support Proceedings and Orders".

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 form.

DATED this _____ day of _____, 20__.

_____

☐ Petitioner ☐ Respondent, Signature

_____

Print name

_____

Address or Contact Address

_____

City, State, Zip Code

_____

Telephone or Contact Telephone

UTCR 8.100 FORM TO REQUEST WAIVER OF FEE (ORS 106.120) WHEN MARRIAGE HANDLED BY A COURT

A. WHEN TO USE THIS FORM. There is an additional statutory fee under ORS 106.120 for people who want to get married by a judge of a circuit court, an appeals court, or the tax court if the marriage:

- would take place during normal working hours, excluding holidays,
- would take place in a court facility or county clerk's office; or,
- would involve more than a minimal amount of court or clerk staff time or other resources.

If you want to get married but think you shouldn't pay the fee, this form is how you ask a circuit court judge to waive that fee. A judge can waive the fee if you ask and the judge believes there is good reason why you shouldn't have to pay the fee.

B. HOW TO USE THIS FORM: The following are the three (3) steps necessary to use this form:

1. STEP 1. You must fill in information asked for in part "C" of this form and read, fill in, and sign part "D" of this form as required.
2. STEP 2. You must take the completed form to an Oregon Circuit Court judge and ask the judge to approve your request. That judge you go to MUST be a judge of the circuit court serving the county where the wedding will be performed. You cannot ask more than one judge every 30 days.
3. STEP 3. **IF** the circuit judge grants your request to waive the fee, the judge will sign the form below and so indicate on the form. Then the judge will give you a copy of the form. Within 30 days after the judge has signed the form showing the judge granted your request, you can get married without paying the fee by giving the judge who marries you the copy of the form you were given by the judge who granted your request. If you are asked to pay the fee by a county clerk when you get a marriage license, you can show them a copy of the form and will not have to pay the fee under ORS 106.120.

C. INFORMATION TO COMPLETE (STEP 1):

1. Information about 1st person wanting to marry (print or type):	2. Information about 2nd person wanting to marry (print or type):	3. Information about court where marriage will be/has been arranged:
a. Name and Residence: First Middle Last Street City State Zip Code b. Gender Age Birth Date: Month Day Year	a. Name and Residence: First Middle Last Street City State Zip Code b. Gender Age Birth Date: Month Day Year	Court Name County where court is City where court is State, Zip Code for Court Judge who will perform ceremony (if known)

D. (STEP 2) We are the people shown in boxes C1 and C2 and say the following to the court:

1. We would like to get married, but believe that we should not have to pay the fee under ORS 106.120 for the following reason (state reason): _____

2. Within the past thirty (30) days, neither of us have requested another judge to waive this fee.

3. 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.

FOR COURT STAMP ON ORDER

Date _____ Signature (person in box 1 above) _____

Date _____ Signature (person in box 2 above) _____

COURT ORDER

As a Judge of the Circuit Court, _____ County, State of Oregon, I order that this request to waive the fee under ORS 106.120 be: ☐ granted **OR** ☐ denied.

Date: _____ Judge's Signature: _____

Print or type judge's name: _____

NOTE: This waiver is only valid for 30 days after the judge signs.

*[**NOTE:** This form illustrates the accounting format required by UTCR 9.160. Each accounting must also comply with all other applicable statutes and court rules. An accounting filed in the court need not include check boxes, instructions in the form shown in bracketed italics, and portions of the form inapplicable to the individual accounting.]*

IN THE CIRCUIT COURT OF THE STATE OF OREGON
For the County of _____
[Probate Department]

In the Matter of the *[Mark one]* ☐ Conservatorship ☐ Estate of _____, ☐ Protected Person ☐ Deceased	)	Case no. _____
	)	
	)	*[TITLE]* ACCOUNTING
	)	*[The title must distinguish the accounting from all prior accountings by annual accounting number, time period, or "FINAL".]*

The ☐ conservator ☐ personal representative ("the Fiduciary") presents this *[Title]* _____ Accounting, covering the period from _____, 20___ through _____, 20___ ("the accounting period").

1.

Bonding and Asset Restrictions. *[Mark (a) or (b).]*

(a) ☐ No bond is required because _____. *[If the bond was waived by court order, so state and show date of the order. If the bond is waived by statute or rule, so state and identify the statute or rule.]*

(b) ☐ The current amount of the total bond, including riders, is $_____.

[Complete the following information for interim (annual) accounts only.]

Value of the assets on last date of this accounting period	$_____
Plus: estimated income for next accounting period	$_____
Total assets and income	$_____
Less: value of restricted assets and income (Orders restricting assets or income are dated _____)	$_____
Unrestricted assets and income requiring bond or new restrictions	$_____

(c) The Fiduciary requests the following changes in the amount of the existing bond or in restrictions on assets or income. *[Check all that apply.]*

☐ None.
☐ Reduce the bond to $_____.
☐ Increase the bond to $_____.
☐ Restrict the following assets: _____.
☐ Remove the restrictions from the following assets: _____.

(d) *[If appropriate, explain the Fiduciary's request for the bond and restrictions.]*

2.

Asset Schedule. The following *[or Exhibit 1 hereto]* is a complete and accurate statement of all assets owned by the estate or conservatorship at any time during the accounting period and the Fiduciary's estimate of the value of each asset: *[If preferred, attach an exhibit using the following format.]*

Description of Asset*	Beginning Value	Value of Later-Acquired Asset	Value at Disposition	Current (Ending) Value
TOTALS				

* *[For assets restricted by court order, include the date and title of the order. For any asset acquired or disposed of during the accounting period, include the date of acquisition or disposal. For a depository (an account into which funds are received or from which funds are disbursed) include the separate paragraph or exhibit with the statement of receipts and disbursements.]*

3.

Receipts and disbursements. The following *[or Exhibits ___ to ___ hereto]* are complete and accurate schedules of funds received in and disbursed from each depository account of the estate or conservatorship during the accounting period. *[If preferred, attach exhibits using the following format.]*

(a) *[State name of depository and account number.]*

Date	Source of Receipt	Explanation	Amount
	OPENING BALANCE		
TOTAL RECEIPTS			
TOTAL RECEIPTS PLUS (+) OPENING BALANCE			

Date	Check #	Payee	Explanation	Amount
TOTAL DISBURSEMENTS				
ENDING BALANCE (Total Receipts, Plus (+) Opening Balance, Minus (-) Total Disbursements)				
TOTAL DISBURSEMENTS PLUS (+) ENDING BALANCE				

[Reconcile any difference between the accounting ending balance for the depository account and the ending balance shown on any ending depository statement filed with this accounting.]

(b) *[Add a separate subparagraph or exhibit for each additional depository account.]*

4.

Vouchers and Depository Statements. *[Vouchers are documents evidencing each disbursement and showing the name of the payee, date, and amount. Depository statements are statements from banks, brokerage firms, insurance companies, and similar entities with which estate assets are deposited showing the balance in the depository account at the beginning and end of the accounting period. If vouchers and depository statements are filed with the account, skip to (c). Otherwise mark (a) or (b).]*

(a) ☐ The filing of vouchers and depository statements was waived *[Mark one.]*
- ☐ By court order herein dated _____.
- ☐ By the following statute or court rule: _____.

(b) ❑ The Fiduciary requests that the Court waive the requirement of filing vouchers and depository statements for this accounting. The vouchers and depository statements are located at the following address: _____. The vouchers and depository statements will be available for examination by interested persons at that location until one year after the approval of the final accounting herein.

(c) ❑ The Fiduciary requests that vouchers and depository statements filed with this accounting be returned. A self-addressed envelope with adequate postage for return of the documents is attached to the vouchers.

5.

Narrative Description of Changes during the Accounting Period. During the accounting period the following changes in the assets or financial circumstances occurred: *[Describe all changes not clearly disclosed in the Asset Schedule, including, without limitation, corrections to previously declared values, omitted assets, the closing of an account, the sale or purchase of an asset, a significant change in living expenses, or a stock split.]*

(a) *[Use as many subparagraphs as necessary to separately describe each change.]*

(b)

6.

Fiduciary Disclosures. *[Disclose and explain every transaction if the transaction was any of the following: (a) A gift. (b) A transaction with a person or entity with whom the Fiduciary has a relationship which could compromise or otherwise affect decisions made by the Fiduciary. The disclosure shall include, but is not limited to, payment for goods, services, rent, reimbursement of expenses, and any other like transactions. (c) A payment for goods or services provided by a person not engaged in an established business of providing similar goods or services to the general public. (d) A payment for goods or services at a rate higher than that ordinarily charged to the general public.]*

(a) *[Use as many subparagraphs as necessary to separately describe each transaction.]*

(b)

7.

Fees. *[Insert any information regarding requests for Fiduciary or attorney fees and costs.]*

8.

Notice. *[Insert any required information addressing the Fiduciary's notice requirements.]*

Other Matters. *[Add as many additional paragraphs as may be needed to justify requests for court orders included in the prayer of the accounting and to comply with requirements applicable to the particular accounting, such as the representations concerning tax filings required by ORS 116.083(3)(a) in a final account for a decedent's estate. If necessary, add an appropriate indication of relief requested to the title of the accounting. It is the responsibility of the Fiduciary and the attorney for the Fiduciary to identify and comply with all requirements imposed by statue, rule, or court order.]*

WHEREFORE the Fiduciary prays for an order:

1. Approving this accounting. *[If applicable. Generally annual accounts in decedent's estates will not be approved by the Court until the final account is approved.]*

2. Setting the amount of the bond at $_____. *[Include this provision only if a change of the bond amount is requested in Paragraph 1.]*

3. Changing the asset restrictions as follows: _____. *[Include this provision only if a change of the asset restrictions is requested in Paragraph 1.]*

4. Directing the payment of $_____ as reasonable Fiduciary's fee and $_____ as reasonable attorney fees incurred by the Fiduciary. *[If applicable.]*

5. *[Set forth any additional relief requested.]*

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.

Dated _____, 20___

_____
[Print name of Fiduciary signing above]
[Mark one:] ☐ Conservator ☐ Personal representative

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

In the matter of the ☐ Guardianship ☐ Estate of: ☐A Protected Person ☐ Deceased	)	Case No _____ **DEPOSITORY CERTIFICATION OF FUNDS ON DEPOSIT**

I hereby certify that the following funds were on deposit in the name of this conservatorship/ estate as of _____ (date):

Account # (last 4 digits)	Type of Account	Balance	Maturity

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

DATE SIGNED:_____ _____
Signature

_____ _____
Print Name and Title

_____ _____
Name of Financial Institution Address and Telephone Number

Note: This document must be signed by an officer or person authorized to certify the accounts at the institution.

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

In the matter of the Guardianship of:	)	Case No _____
	)	
_____,	)	**COURT VISITOR'S REPORT**
Respondent.	)	**ADULT GUARDIANSHIP**

I, _____, have been appointed as court visitor in the above-mentioned proceeding.

I. EXPRESSED WISHES OF RESPONDENT / PROCEDURAL RIGHTS	**Yes**	**No**
A. Does the Respondent object to the appointment of a fiduciary?	☐	☐
B. Is the Respondent willing to attend any hearing that may be scheduled?	☐	☐
C. Does Respondent prefer that another person act as fiduciary? The name, address, telephone number, and proposed role of the person of preference is:	☐	☐

D. Does the Respondent wish to be represented by counsel? If so, comment on whether Respondent has named an attorney or wishes the court to appoint an attorney.		☐	☐

E. If Respondent objects to the appointment of a fiduciary, does the Respondent understand that a hearing will be held?	☐ Not Applicable	☐	☐
F. If a hearing is scheduled, is the Respondent willing to attend a hearing or to talk to the judge by telephone during the hearing?		☐	☐
G. Does the Respondent wish for the visitor to interview particular individuals?		☐	☐?

If so, please list the individuals' names, whether they were interviewed, and the visitor's reason for not interviewing, if applicable:

Name & Relationship	Interviewed? Yes	Interviewed? No	If no, visitor's reason:
	☐	☐	
	☐	☐	
	☐	☐	

H. Visitor's comments or any expressed communication of Respondent that related to any of the above questions:

II. CAPACITY

A. Discuss any inability of the Respondent or impairments of the Respondent which might impact their ability to provide for their needs with respect to physical health:

B. Discuss any inability of the Respondent or impairments of the Respondent which might impact their ability to provide for their needs with respect to food/clothing concerns:

C. Discuss any inability of the Respondent or impairments of the Respondent which might impact their ability to provide for their needs with respect to shelter:

D. Please comment if the investigation has determined that the Respondent is unable to resist fraud or undue influence:

	Yes	No
E. Are these findings as indicated in "A" and "B" above part of an overall pattern of inability? If YES, please describe:	☐	☐

III. EVALUATION OF RESIDENCE, HEALTH CARE, AND SOCIAL SERVICES RECEIVED IN PAST YEAR

A. In what type of residence does Respondent live and how long has he / she lived there? Describe:

B. Is the Respondent able to live at this residence while under guardianship? ☐ ☐

C. As per the petitioner, what health and social services or alternatives to guardianship have been provided to the Respondent during the year preceding the filing of the petition (if known)?

IV. FINDINGS AND RECOMMENDATIONS

		Yes	No
A.	Are the facts stated in the petition substantially correct?	☐	☐
B.	Have alternatives to guardianship/conservatorship been considered? E.g., Advance Directive for Health Care, Revocable Trust, Family Assistance, and/or a Durable Power of Attorney? If YES, please describe:	☐	☐
C.	Is the Respondent so impaired that he/she is unable to make reasoned decisions about his/her safety?	☐	☐
D.	Is the appointment of a fiduciary necessary?	☐	☐
E.	Is it appropriate to limit the scope of the fiduciary's appointment? If YES, for what limited purpose(s) is a fiduciary necessary? ☐ Not Applicable	☐	☐
F.	Is the nominated fiduciary(ies)		
	1. Qualified to serve?	☐	☐
	2. Suitable to serve?	☐	☐
	3. Willing to serve?	☐	☐
G.	Is there is an objection to the petition from parties other than the Respondent? If yes, please describe the issues?	☐	☐
I.	If the Respondent does not wish to be represented, is counsel recommended to protect Respondent's interests or to help resolve issues in the case?	☐	☐

B. If YES, please describe:

F. If NO, please describe:

H. If you have identified anyone else you believe is more appropriate for appointment as guardian and/or conservator, please provide the name and reasons for the conclusion:

I. If YES, please describe:

	Yes	No
J. Should there be any limitations to the scope or duration imposed on the proposed fiduciary(ies)? If YES, please describe:	☐	☐

K. Additional comments that might assist the court and all persons interested in this matter:

V. All of the people interviewed by the visitor while compiling this report are listed below:

Name	Address & Phone	Relationship	Date Interviewed

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.

Court Visitor Name

Signature of Court Visitor

Date

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

In the matter of the Guardianship of:	)	Case No _____
	)	
_____,	)	**ORDER REGARDING CONFIDENTIAL**
Respondent.	)	**INFORMATION DISCLOSED BY**
	)	**DEPARTMENT OF HUMAN SERVICES OR**
	)	**THE OREGON HEALTH AUTHORITY**

This matter came before the court on the Petition for Appointment of _____ as Fiduciary for _____. Confidential information from the Department of Human Services or the Oregon Health Authority, hereinafter referred to as "the information", has been submitted in accordance with ORS 125.012.

IT IS HEREBY ORDERED

1. The attorney of record for a Respondent, Petitioner, Objector, and any nominated or appointed fiduciary shall upon request be provided a copy of the information from the clerk of the court.

2. Counsel is prohibited from any redisclosure of the information, subject to the following exceptions: If the attorney of record reasonably believes there is a necessity to redisclose the information to an expert in order to address the issues in this proceeding, or upon specific order of the court prior to any other redisclosure.

3. At the conclusion of the proceedings, an attorney of record must return all copies of the information received or made by the attorney to the clerk of the court. The court will rely on the attorney representation as an Officer of the Court that all copies received or made are returned.

4. Nothing in this order shall be construed to prevent the discussion of the contents of the information by counsel with the Petitioner**,** Respondent**,** Objector, and any nominated or appointed fiduciary.

5. The Visitor appointed by the court is prohibited from redisclosure of the information. At the conclusion of the proceeding, the Visitor must return all copies of the information received or made by the Visitor to the clerk of the court. Nothing in this order shall be construed to prevent the Visitor from discussing the contents of the information with the Petitioner**,** Respondent, Objector, and any nominated or appointed fiduciary.

6. In the event that a Petitioner, Respondent, Objector, and any nominated or appointed fiduciary does not have an attorney, that party may come to the courthouse prior to the date of the hearing to review the confidential information. The information shall not be duplicated in any manner by the party.

7. At the time of hearing, the self-represented Petitioner, Respondent, Objector, and any nominated or appointed fiduciary may have a copy of the information in the courtroom for purposes of the hearing.

8. The self-represented party must return the copy of the information to the clerk of the court at the conclusion of the proceeding.

9. The self-represented party shall not remove any copy of the information from the courtroom without prior permission of the court.

Dated this _____ day of _____, 20___.

_____
Circuit Court Judge

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

In the Matter of the Suspension of the Driving Privileges of _____.	)	PETITION FOR JUDICIAL REVIEW
_____, Petitioner	)	DMV No. _____
v.	)	Circuit Court Case No. _____
Driver and Motor Vehicle Services Branch of the Oregon Department of Transportation (DMV), Respondent.	)	

PETITION FOR JUDICIAL REVIEW OF ORDER OF DMV

Petition seeks judicial review of the final order of suspension of driving privileges entered by the administrative law judge of the DMV in case number _____, date _____.

Parties to this review are:

_____
_____
_____
(set out petitioner's full name and address)

And,

Driver and Motor Vehicle Services Branch of the Oregon Department of Transportation (DMV)

The Order of the DMV should be vacated because evidence in the record fails to substantially support the administrative law judge's finding that the following requirements were met (check those items that apply):

___ (a) The petitioner, at the time the petitioner was requested to submit to a test under ORS 813.100, was under arrest for driving while under the influence of intoxicants in violation of ORS 813.010 or a municipal ordinance.

___ (b) The police officer had reasonable grounds to believe, at the time the request was made, that the petitioner had been driving under the influence of intoxicants in violation of ORS 813.010 or a municipal ordinance.

___ (c) The petitioner refused to test under ORS 813.100 or took the test and the test disclosed that the level of alcohol in the petitioner's blood was sufficient to constitute being under the influence of intoxicating liquor under ORS 813.300.

___ (d) The petitioner had been informed under ORS 813.100 of the rights and consequences as described under ORS 813.100.

___ (e) The petitioner was given written notice required under ORS 813.100.

___ (f) If the petitioner submitted to the test, the person administering the test was qualified to administer the test under ORS 813.160.

___ (g) If the petitioner submitted to the test, the methods, procedures and equipment used in the test complied with requirements under ORS 813.160.

___ (h) Other: _____
_____
_____

Dated this _____ day of _____, 20___.

_____
Set out name, OSB number (attorneys only),
address and telephone number
☐ Petitioner
☐ Attorney for Petitioner
(Please check one of the above)

CERTIFICATE OF SERVICE

I hereby certify that I served the foregoing Petition for Judicial Review on:

Hearings Case Management Manager
Oregon Department of Transportation/Driver and Motor Vehicle Services Division
1905 Lana Avenue NE
Salem, Oregon 97314

and,

Department of Justice – General Counsel – Implied Consent
1162 Court Street
Salem, Oregon 97301

by mailing by registered or certified mail to those persons a true and correct copy thereof, certified by me as such, placed in a sealed envelope addressed to them at the addresses set forth, and deposited in the United States Post Office at _____, Oregon, on _____ (date) with the postage prepaid.

_____

☐ Petitioner
☐ Attorney for Petitioner
(Please check one of the above)