

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

In the Matter of: \_\_\_\_\_ )

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

Petitioner, \_\_\_\_\_ )

PETITION FOR CUSTODY AND PARENTING  
TIME under ORS 109.103 )

and \_\_\_\_\_ )

and CHILD SUPPORT )

Respondent. \_\_\_\_\_ )

DOMESTIC RELATIONS CASE SUBJECT TO  
FEE UNDER ORS 21.111 )

and \_\_\_\_\_ )

\_\_\_\_\_ )  
Child who is at least 18 and under 21 years )  
of age, unmarried and unemancipated. )  
(ORS 107.108) )

1. Petitioner is the  mother  father and Respondent is the  mother  father of (names of children):  
\_\_\_\_\_, born on the  
following date/s: \_\_\_\_\_

2. Paternity has been established:

by filing with the State Registrar of Vital Statistics a voluntary acknowledgment of paternity,  
concerning the following child/ren (*e.g., birth certificate*): \_\_\_\_\_

\_\_\_\_\_  
(*list name/s of child/ren involved*)

by administrative order docketed with the following court: \_\_\_\_\_, as  
case number \_\_\_\_\_, located in \_\_\_\_\_ county, concerning the following child/ren: .

\_\_\_\_\_  
(*list name/s of child/ren involved*)

by judicial order entered in the following court: : \_\_\_\_\_, as  
case number \_\_\_\_\_, located in \_\_\_\_\_ county, concerning the following child/ren: .

\_\_\_\_\_  
(*list name/s of child/ren involved*)

by another method: \_\_\_\_\_  
concerning the following child/ren: \_\_\_\_\_

\_\_\_\_\_  
(*list name/s of child/ren involved*)

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3. The minor child/ren reside/s in \_\_\_\_\_ County, State of \_\_\_\_\_  
 The Petitioner resides in \_\_\_\_\_ County, State of \_\_\_\_\_  
 The Respondent resides in \_\_\_\_\_ County, State of \_\_\_\_\_

**4. UCCJEA Information.**

**The child/ren listed above has/have continuously resided in Oregon for the six months preceding the filing of this case.** List the places where the minor child/ren of the parties has/have lived in the last five years and the names of the people they lived with at that time.

Dates From/To	County, State	Parent(s)/Caretaker	Current Address/ Contact Address of Parent/Caretaker	Which Children

Additional page attached; see section labeled “paragraph 4 continued.”

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

Name of Court	State	Case No.	Date	Result

I do not know of any other domestic violence, custody, visitation, parenting time or placement proceeding involving the child/ren, or of any other court case which could affect this case, pending in this or any other state

except for: \_\_\_\_\_  
*(identify court, case number and the kind of proceeding)*

I do not know any person other than the other parent who has physical custody of the child/ren or who claims to have custody, visitation or parenting time rights  except for \_\_\_\_\_

\_\_\_\_\_  
*(list name and address)*

**5. Parenting Plan (Custody and Parenting Time).**

Custody of the child/ren should be awarded as follows:

Petitioner should be awarded sole custody of the following child/ren (*list names*): \_\_\_\_\_

Respondent should be awarded sole custody of the following child/ren (*list names*): \_\_\_\_\_

The parties have agreed to joint custody of the following child/ren (*list names*): \_\_\_\_\_

Petitioner  Respondent should have parenting time with the child/ren  as set forth in the attached Parenting Plan, labeled Exhibit \_\_\_\_\_, or  Other: \_\_\_\_\_

Petitioner  Respondent should not be granted parenting time because this would endanger the health and safety of the child/ren. **State supporting facts:** \_\_\_\_\_

Parenting time should be supervised by \_\_\_\_\_

Any cost of the supervision shall be paid by  Petitioner  Respondent  Other: \_\_\_\_\_

Petitioner and Respondent should each provide contact addresses and contact telephone numbers to the other and notify each other of any emergency circumstances or substantial changes in the child/ren's health.

Petitioner should be allowed to move more than 60 miles further distant from the other parent without advance notice because good cause exists.

**6. Child Support, including Health Care Coverage and Cash Medical Support.**

**A. Other Pending Child Support Cases.** (*Check one.*)

No other agency or court child support proceeding is currently pending (*include any child support matter being heard as part of a dissolution, separation, annulment, paternity, support or modification case*).

There is/are other child support proceeding(s) currently pending in either an agency or court case as set forth in the CERTIFICATE RE: PENDING CHILD SUPPORT PROCEEDING and/or EXISTING CHILD SUPPORT ORDER attached to this petition.

**B. Other Child Support Orders.** (*Check one.*)

No other child support orders, from an agency or court, are currently in effect in the State of Oregon or any other state.

There is/are other child support orders from an agency or court as set forth in the CERTIFICATE RE: PENDING CHILD SUPPORT PROCEEDING and/or EXISTING CHILD SUPPORT ORDERS/JUDGMENTS attached to this petition.

**C. Currently Effective Child Support Order.** (*Check any that apply.*)

The following child support order/s is/are currently in effect: \_\_\_\_\_

(*List state, court/agency, case number, date of order*)

This order should remain in place  and includes provisions for medical support for the child/ren, or

This order is from an Oregon court or agency, one of the parents or the child/ren receiving support still resides in Oregon and the order should be changed because circumstances have changed since the last order was entered.

State facts showing how circumstances have changed: \_\_\_\_\_

\_\_\_\_\_

**D. Cash Child Support.**

Complete either (1) or (2) below:

- (1)  Cash child support should be paid by  Petitioner to Respondent (or)  Respondent to Petitioner beginning on the  first or  \_\_\_\_\_ day of the month following the date of the judgment and continuing on the same day of each month thereafter. The total payment per month should be \$\_\_\_\_\_, which is the presumed correct amount as reflected on the child support guideline worksheets attached to this petition.
- Determined under the Oregon child support guidelines prior to judgment.
- The amount of support presumed correct under the guidelines would be unjust or inappropriate because \_\_\_\_\_.
- (The reasons must also be shown on the support worksheets you attach to this petition.)
- (2)  No cash child support is ordered in this judgment because:
- An order,  including medical support, for child support in the monthly amount of \$\_\_\_\_\_ has already been ordered in Circuit Court case number \_\_\_\_\_ in \_\_\_\_\_ County, Oregon.
- Other reason: \_\_\_\_\_

**E. Medical Support.** Complete section (1) or (2) below. Also complete section (3) or (4) below.

Complete (1) or (2):

(1) **Private Health Care Coverage is Appropriate and Available.**

Petitioner  Respondent  Both Petitioner and Respondent has/have appropriate private health care coverage available for the parties' child/ren through an employer, spouse, domestic partner or other source.  Petitioner  Respondent  Both Petitioner and Respondent should be required to obtain and maintain this coverage throughout the period of the support obligation for the benefit of the parties' child/ren.

Health care coverage has already been ordered in another case as described in paragraph D(2) above.

(2) **No Private Health Care Coverage is Appropriate or Available.**

Neither Petitioner nor Respondent has appropriate private health care coverage available for the parties' child/ren.  Petitioner  Respondent  Both Petitioner and Respondent should be ordered to provide appropriate private health care coverage for the child/ren when such coverage becomes available to them at a reasonable cost through any source.

The custodial parent should enroll the child/ren in public health care coverage.

The child/ren are currently enrolled in public health care coverage.

Complete (3) or (4):

(3) **Cash Medical Support Should Be Ordered.**

Because the parent receiving cash child support is ordered to maintain private health care coverage and the parent paying cash child support is not, in addition to cash child support  Petitioner  Respondent should pay \$\_\_\_\_\_ for cash medical support to  Petitioner  Respondent, or

Neither parent has appropriate private health care coverage available for the parties' child/ren.  Petitioner should pay cash medical support in the monthly amount of \$\_\_\_\_\_ to Respondent.  Respondent should pay cash medical support in the monthly amount of \$\_\_\_\_\_ to Petitioner.

(4) **Cash Medical Support Should Not Be Ordered.**

- Cash medical support should not be ordered for the following reasons:
- The parent paying cash child support is also providing health care coverage.
  - Petitioner's  Respondent's gross monthly income is at or below the Oregon minimum wage for full-time employment or is eligible for Oregon public assistance.
  - I am requesting that the parties share the cost of the child/ren's uninsured medical expenses (see paragraph G. below).
  - Other reason: \_\_\_\_\_
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All payments of child support should be made to the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309  **by electronic payment withdrawal (EPW) or electronic funds transfer (EFT).** In addition, support for a child attending school (between the ages of 18 and 21) as defined by Oregon law shall be distributed by the Department of Justice directly to the child subject to ORS 107.108.

(*Applies only if support enforcement services are not being provided.*)

Petitioner requests an exception to the income withholding requirement of ORS 25.378 allowing payment to be made directly to  Petitioner's  Respondent's checking or savings account. A receipt of deposit should be kept by the parent paying support as proof of payment. The parent receiving support should provide the paying parent with current deposit slips and/or bank name, account name, and account number.

**F. RESPONSIBILITY FOR UNINSURED HEALTH EXPENSES.**

Petitioner should pay \_\_\_\_\_%  and Respondent should pay \_\_\_\_\_% of the reasonably incurred uninsured HEALTH, ACCIDENT, DENTAL, ORTHODONTIC, AND OPTICAL HEALTH costs incurred by the child/ren.  This obligation is in addition to any cash medical support ordered.

**G. LENGTH OF CHILD SUPPORT.**

Unless the child becomes self-supporting, emancipated, or married:

The support ordered in paragraphs D., E., and F. for each child shall continue until the child reaches eighteen (18) years of age.

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- The support ordered in paragraphs D., E., and F. for each child shall continue until the child reaches age 21 if the child qualifies for support as a child attending school as defined by Oregon Law.

**H. TAX DEPENDENTS. (Check one.)**

Petitioner  Respondent shall be entitled to claim the following child(ren) as dependent(s) for tax purposes beginning the year this judgment is entered (*list names*): \_\_\_\_\_

OR

Other (*specify*): \_\_\_\_\_

**7. Life Insurance Coverage for Child/ren.**

Petitioner  Respondent should obtain and maintain life insurance for the benefit of the parties' child/ren throughout the period of the support obligation. The coverage should be in the amount of \$ \_\_\_\_\_

**8. Additional Provisions.** \_\_\_\_\_

Additional page attached; labeled "Paragraph 8 Continued - Additional Provisions."

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

Disclosure of the following information would unreasonably put to risk the health, safety, or liberty of  Petitioner  Respondent or child/ren \_\_\_\_\_ for the following reasons: \_\_\_\_\_

Otherwise: (*Fill out the information in the table below*)

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

	Petitioner	Respondent
Employer Name	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Address	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Telephone	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).

Additional page labeled "Paragraph 9 continued" attached.

**10. Court Costs and Fees.**

**A. Deferred Costs and Fees**

Any court costs and service fees (if service completed by the Sheriff) that are deferred (required to be paid at a later date) by the court should be paid by:  Petitioner  Respondent

Both parties equally  Other: \_\_\_\_\_

**B. Costs and Fees Paid by the Parties**

Each party should be responsible for paying his or her own court costs and service fees for this case.

To be paid by both parties equally

Petitioner  Respondent should reimburse the other party for his or her court costs and service fees for this case.

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

Judgment should be entered according to the cost and fee allocation listed above.

**11. 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.

**12. Certificate of Residency.**

I certify that the  child resides or is found in, OR,  one or both of the parties to this case currently live/s in the county in which this petition is being filed.

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WHEREFORE, Petitioner requests a Judgment granting the relief asked for above, and other equitable relief that the Court thinks is just.

STATE OF \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, say that I am the Petitioner in this matter and that the foregoing petition is true and correct to the best of my knowledge.

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

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

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

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

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

SIGNED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by \_\_\_\_\_

\_\_\_\_\_  
Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_

**I certify that this is a true copy.**

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