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IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF \*\*

In the Matter of:	)	Case No.:
	)	
	)	<b>PETITIONER/RESPONDENT'S UNIFORM</b>
Petitioner,	)	<b>SUPPORT DECLARATION</b>
	)	
and	)	
	)	
	)	
Respondent.	)	

**SUMMARY INFORMATION**

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: \_\_\_\_\_

- 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:      \$ \_\_\_\_\_  
    *Only if You Provide Insurance for Child(ren)*
- 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).

**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 **1. CHILDREN**

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

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

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

Name of Child	Age

11 **2. YOUR GROSS INCOME**

12 A. From Your Employment:

Description				Monthly Amount
1	Grossly hourly wage			
2	Average number of hours worked per pay period			
3	Convert to annual (12, 24, 26, or 52)			
4	Convert to Monthly.	÷	12	
5	Gross monthly income: (1 x 2 x 3 ÷ 4)			\$
6	Gross monthly tips/commissions/bonuses (identify):			\$
<b>Subtotal of Monthly Income From Employment (5) + (6) SUBTOTAL: 2.A.</b>				<b>\$0.00</b>

18 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 no listed in item A. above	\$
Other (specify source/type)	\$
Other (specify source/type)	\$

Description	Monthly Amount
<b>SUBTOTAL: 2.B</b>	\$
<b>*Total of 2A + 2B Enter here and on Page 1, #4</b>	<b>TOTAL:</b> \$

C. Do you receive Temporary assistance for Needy Families?  Yes, \$ \_\_\_\_\_ monthly  No

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

Yes, \$ \_\_\_\_\_ monthly  No

Name of Child(ren) \_\_\_\_\_ Source \_\_\_\_\_

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

Yes, \$ \_\_\_\_\_ monthly  No

G. Is there an order for you to RECEIVE spousal support from former/subsequent spouse?

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 FOUR 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 if you provide insurance for the child(ren)?  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 or 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)?

Names of Children enrolled: \_\_\_\_\_  Yes  No

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

i. Name ALL persons covered:

Name	Relationship to you:
	self
	child

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)\*\$ \_\_\_\_\_;

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:

Name	Reason for the Cost(s)	Amount per Month

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

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

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

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

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

Name of Child	Number of Overnights with YOU

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

6 **6. YOUR REBUTTAL FACTORS**

A. The amount of child support to be paid may be rebutted under OAR 137-050-0760.

7 [http://www.dcs.state.or.us/oregon\\_admin\\_rules/default.htm](http://www.dcs.state.or.us/oregon_admin_rules/default.htm)

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

9 ii. Explain briefly: \_\_\_\_\_  
\_\_\_\_\_

10 B. ATTACH SUPPORTING EVIDENCE/ADDITIONAL INFORMATION.

11 **I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY**  
12 **KNOWLEDGE AND BELIEF, AND THAT I UNDERSTAND THEY ARE MADE FOR USE AS**  
13 **EVIDENCE IN COURT AND ARE SUBJECT TO PENALTY FOR PERJURY.**

14 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

15 \_\_\_\_\_  
16 **\*\*\*, Petitioner/Respondent**

17 Attachment Checklist.

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