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

In the Matter of the Marriage of:)
_____,)
Petitioner,)
and)
_____,)
Respondent.)

Case No. _____
PETITIONER'S RESPONDENT'S
UNIFORM SUPPORT DECLARATION
(Spousal/Child Support Case)

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 (Page 2, I.A):. _____
- 2 Number of joint children over 18 but under 21 attending school (Page 2, I.A):. _____
- 3 Number of nonjoint additional children (Page 2, I.B):. _____
- 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) spend with you:. _____

1 15 Childcare expenses paid for joint child(ren):..... \$ _____
 2 16 City where childcare is provided:..... _____

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

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

7 **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.**

8
 9 I. **CHILDREN**

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

| Name of Child | Age |
|---------------|-----|
| | |
| | |
| | |
| | |

23 II. **YOUR GROSS INCOME**

A. From Your Employment:

| Description | | Monthly Amount |
|-------------|---|----------------|
| 1 | Gross hourly wage. | \$ _____ |
| 2 | Average number of hours worked per pay period | X |

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|---|---|---|-----------------------|----|
| 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: | |
| | \$ |

| | | Monthly Amount |
|---|--|----------------|
| C | *Do you receive Temporary Assistance for Needy Families?. . . | \$ |
| 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): _____ Name of Disabled Parent: _____ | \$ |

| | | | | |
|---|---|--|--|----|
| 1 | E | *Do you receive Social Security or Veteran's benefits for <u>any joint child(ren)</u> due to <u>child's</u> disability? Name of Child(ren): _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ |
| 2 | | | | |
| 3 | | | | |
| 4 | F | *Is there an order for you to RECEIVE spousal support from your spouse involved in this proceeding? | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ |
| 5 | G | *Is there an order for you to RECEIVE spousal support from a former/subsequent spouse? | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ |
| 6 | H | *Are you ordered to PAY spousal support? If Yes, to whom? _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ |
| 7 | | | | |
| 8 | I | *Do you pay mandatory union dues? | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ |
| 9 | 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. | | |

14 III. **HEALTH CARE COVERAGE AND MEDICAL EXPENSES**

- 15 A. *Is there a cost to insure just yourself if you provide insurance for the child(ren)? . . . YES NO
- 16 B. Do you provide health care coverage for your joint child(ren)? YES NO
- 17 C. Does someone else provide health care coverage for your joint child(ren)? YES NO
- 18 D. Are you or any member of your household:
- 19 1. Enrolled in the Oregon Health Plan, Healthy Kids, or any other public health care coverage? YES NO
- 20 2. Receiving a state subsidy for public or private health care coverage? YES NO
- 21 E. Are any of the joint children enrolled in public health care coverage (Healthy Kids/Oregon Health Plan)? YES NO
- 22 If you answered "YES" to A, B, C, D, or E above:
- 23 1. Name **ALL** persons covered: _____
- 24 Relationship to you: _____
- 25 2. What is the source of the insurance? (such as through your employer, spouse, other): _____
- 26 3. Insurance Co.: _____ Phone Number: _____
4. Monthly amount of any state subsidy received by your household for public or private health-care coverage \$ _____.
5. Policy Number: _____ Group Number: _____
6. Address for submission of claims: _____
7. 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) _____

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621 S.W. Morrison Street
Suite 1300
Portland, Oregon 97205
(503) 228-8448
Facsimile: (503) 273-9135

1 VI. **YOUR REBUTTAL FACTORS**

2 A. The amount of child support to be paid may be rebutted under OAR 137-050-0760
http://www.dcs.state.or.us/oregon_admin_rules/default.htm

- 3 1. Are you seeking a rebuttal (an adjustment to the support amount)?
4 2. Explain briefly: _____

5 B. ATTACH SUPPORTING EVIDENCE/ADDITIONAL INFORMATION.

6 **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
7 EVIDENCE IN COURT AND ARE SUBJECT TO PENALTY FOR PERJURY.**

8 DATED this _____ day of _____, 20_____.

9 _____
Signature:

10 _____
Printed Name, Petitioner Respondent

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

- 12 Four most recent pay stubs or benefit statements Most recent parenting plan or written agreement
13 Most recent state and federal tax returns Proof of childcare costs
14 Proof of insurance premiums Copies of Spousal and Child Support Orders
15 Proof of medical costs Additional Page: Number items to correspond,
16 include your name and case number
17 Other: _____

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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. 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 EXPENSES IF IT IS DEDUCTED FROM YOUR WAGES.

I. 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: | |

| | | |
|---|--|-----------|
| 1 | F. Medicine & Pharmaceutical - unreimbursed medical/dental costs: | |
| 2 | G. Court/DHR-Ordered Support Payments for other than | |
| 3 | child(ren)/spouse/RDP in this case: | |
| 4 | TOTAL FIXED COSTS (A-G): | \$ |

5 **II. CONSUMER OBLIGATIONS:**

| 6 | Name of Creditor | Balance Due | Monthly Payment |
|----|--|-------------|-----------------|
| 7 | A. | | |
| 8 | B. | | |
| 9 | C. | | |
| 10 | D. | | |
| 11 | E. | | |
| 12 | F. | | |
| 13 | G. | | |
| 14 | TOTAL PAYMENTS ON CONSUMER OBLIGATIONS (A-G): | | \$ |

15 **III. SUMMARY OF EXPENSES:**

| 16 | Description | Monthly Amount |
|----|--|----------------|
| 17 | Fixed Costs (item I. above) | \$ |
| 18 | Consumer Obligations (item II. above) | \$ |
| 19 | TOTAL EXPENSES: | \$ |

20 **IV. OTHER FACTORS:**

21 Other factors that affect my income and expense or that should be considered (attach supporting
22 documentation whenever possible).