IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF

Family Law Department

In the Matter of the Marriage of: , Petitioner, and , Respondent.	Case No. PETITIONER'S/RESPONDENT'S UNIFORM SUPPORT DECLARATION (Spousal and Child Support Case)

SUMMARY INFORMATION - COMPLETE THIS PAGE LAST

After completing Sections 1 though 5, on Pages 2 through 5 below, insert the information and/or total **MONTHLY** amounts in this Summary Information section. Date o f Completion **:**

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):.		0
3	Number of nonjoint additional children (Page 2, I.B):..		0
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):.		$
8	Spousal support RECEIVED by you:..		$
9	Spousal support PAID by you:..		$0
10	Mandatory union dues paid:..		$0
11	Health care premiums for yourself only if you provide insurance for child(ren):.		$0
12	Health care premiums paid for joint child(ren):..		$0
13	Out-of-pocket medical expenses paid for joint child(ren):..		$0
14	Number of ANNUAL overnights child(ren) spend with you:.		
15	Childcare expenses paid for joint child(ren):..		$0

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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.

I. **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

Name of Child	**Age**

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**		
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**	

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5	Gross monthly income: 1 x 2 x 3 ÷ 4		$	
6	Gross monthly tips/commissions/bonuses (identify):	+	$0	
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	$0
Dividends	$0
Interest Income	$0
Trust Income	$0
Annuity Income	$0
Social Security Income	$0
Workers' Compensation Benefits per week multiplied by 52; divided by 12	$0
Unemployment Benefits per week multiplied by 52; divided by 12	$0
Disability Income	$0
Expense Reimbursements and/or Per Diem Allowance not listed in item A. above	$0
Other (Specify source/type)	$0
Other (Specify source/type)	$0
SUBTOTAL: 2.B.	$0
***Total of 2A + 2B Enter here and on Page 1, #4 TOTAL:**	$0

			Monthly Amount
C	*Do you receive Temporary Assistance for Needy Families?. . .	□ **YES** □ **NO**	$0
D	*Do you receive Social Security or Veteran's benefits for <u>any joint child(ren)</u> due to <u>parent's</u> disability?.	□ **YES** □ **NO**	$0
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** □ **NO**	$0
F	*Is there an order for you to RECEIVE spousal support from <u>your spouse involved in this proceeding</u>?..	**YES** □ **NO**	$0
G	*Is there an order for you to RECEIVE spousal support from a <u>former/subsequent spouse</u> ?.	□ **YES** □ **NO**	$0

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H	*Are you ordered to PAY spousal support?.	□ **YES** □ **NO**	$0
I	*Do you pay mandatory union dues?.	□ **YES** □ **NO**	$0
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.		

III. **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**

D. Are you or any member of your household:

1. Enrolled in the Oregon Health Plan, Healthy Kids, or any other public health care coverage?.. . . . . □ **YES** □ **NO**
2. 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)?.. . . . . □ **YES** □ **NO**

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

1. Name **ALL** persons covered:
2. Relationship to you:
3. What is the source of the insurance? (such as through your employer, spouse, other): Employer
4. Insurance Co.: Phone Number:
5. Monthly amount of any state subsidy received by your household for public or private health-care coverage: $
6. Policy Number: Group Number:
7. Address for submission of claims:
8. Your total monthly premium cost: (A) $0; Cost to cover only you: (B)*$___
   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 = $_____x D = *$____
9. 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:

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.

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IV. **YOUR CHILDCARE EXPENSES**

A. Do you pay for childcare for the joint child(ren) so you can work, train, or look for work?

PAID TO:	**NAME OF CHILD:**	**AGE:**	**AVERAGE MONTHLY PAYMENT**
TOTAL CHILDCARE EXPENSES (JOINT CHILDREN):			

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

V. **YOUR PARENTING TIME**

☐ PROPOSED ☐ OCCURRING ☐ EXISTING PLAN OR WRITTEN AGREEMENT

A. How many ANNUAL overnights does each joint child spend with YOU?
1. **Name of Child:** # **of overnights**:
2. **Name of Child:** # **of overnights:**
3. **Name of Child:** # **of overnights**:

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

VI. **YOUR REBUTTAL FACTORS**

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

1. Are you seeking a rebuttal (an adjustment to the support amount) Yes
2. 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___.

_____
Client, Petitioner/ Respondent

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I. 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
- ☐ 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:_____

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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):	
Repairs/maintenance:	
B. UTILITIES:	
Electricity:	
Gas:	
Water/Sewer:	
Garbage:	
Telephone (Land and cellular)	
Cable/Internet:	
C. TRANSPORTATION:	
Car Payments:	
Fuel:	
Maintenance and Repairs**:**	
Other (specify):	
D. INSURANCE:	
Life:	
Automobile:	
Medical/Dental:	
House/Renter's:	

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Other (specify):	
E. Food and Household Items:	
Groceries:	
Dining/Eating Out:	
Clothing:	
Laundry:	
Grooming/personal items:	
Uniforms/dues/work costs:	
Social/Religious:	
Lessons/Memberships:	
Pets and Hobbies:	
Entertainment:	
Savings/Retirement:	
Travel/Vacations:	
Emergencies:	
Gifts/misc.:	
Other:	
F. Medicine & Pharmaceutical - unreimbursed medical/dental costs:	
Co-payments**:**	
Other:	
G. Court/DHR-Ordered Support Payments for other than child(ren)/spouse in this case:	
H. Immediate Costs:	
First/Last Month's Rent**:**	
Security/utility Deposit**:**	
Repairs:	
Legal/court fees:	
I. Counseling:	
J. Other:	
TOTAL FIXED COSTS (A-G):	

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II. **CONSUMER OBLIGATIONS:**

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

III. **SUMMARY OF EXPENSES:**

Description	Monthly Amount
Fixed Costs (item I. above)	
Consumer Obligations (item II. above)	
Direct Expenses of Children (Exhibit 1 attached)	
TOTAL EXPENSES:	

IV. **OTHER FACTORS:**

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

Exhibit 1 attached - Direct Expenses of Children

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EXHIBIT 1

Direct **monthly** expenses **for children of this relationship** which you pay:

Description		**Amount**
A.	School Expenses:	
	School Lunches (not provided)	$ 0
	Books, Tuition	$ 0
	Activities	$ 0
	Sports	$ 0
	Other (specify) (year books)	$ 0
B.	Food (other than school lunches):	$ 0
C.	Clothing:	$ 0
D.	Medical Insurance--Premium Payments:	$ 0
E.	Unreimbursed Health Costs: Co-Pays	$ 0
F.	Unreimbursed Dental Costs: Co-Pays	$ 0
G.	Work-Related Day Care:	$ 0
H.	Babysitting (not work related):	$ 0
I.	Lessons:	$ 0
J.	Grooming Needs:	$ 0
K.	Hobbies, Recreation:	$ 0
L.	Entertainment:	$ 0
M.	Allowances:	$ 0
N.	Transportation:	
	Gasoline, Oil:	$ 0
	Insurance for Driving-Age Child:	
O.	Miscellaneous (specify):	
TOTAL DIRECT EXPENSES OF CHILDREN:		$

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