

1
2 IN THE CIRCUIT COURT OF THE STATE OF OREGON

3 FOR THE COUNTY OF _____

4 Family Law Department

5 In the Matter of:

6 ,

7 Petitioner,

8 And

9 ,

10 Respondent.

Case No.

PETITIONER/RESPONDENT'S
UNIFORM SUPPORT
DECLARATION

11
12 I am the Petitioner Respondent Other: _____

13 **SUMMARY INFORMATION – COMPLETE THIS PAGE LAST**

14 After completing sections 1 through 5 on Pages 2 through 5 below, insert the information and/or
15 total MONTHLY amounts in this Summary Information Section.

16 Date of Completion :

17 1. Number of Joint Children from This Relationship: _____

18 2. Number of Joint Children Over 18 But Under 21 Attending School: _____

19 3. Number of Nonjoint Additional Children: _____

20 4. Gross Monthly Income From All Sources: _____

21 5. Receiving Temporary Assistance for Needy Families? Yes No

22 6. Child(ren) on Oregon Health Plan/Healthy Kids? Yes No

24 7. Social Security or Veteran's Benefits Received for Child(ren): _____
25 Person with Disability is: Child Me Other Parent

26 8. Spousal Support RECEIVED by You: _____

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- 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 with Child(ren): _____
- 15. Childcare Expenses Paid for Joint Child(ren): _____

This form is a DECLARATION under the 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).

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

5 **IMPORTANT: This information will be disclosed to the other party and may be subject**
6 **to public access. Protections are available using the court’s “Confidential Information**
7 **Form” process.**

8 **1. CHILDREN**

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

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

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

Name	Age

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2 **2. YOUR GROSS INCOME**

3 **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.	/		
5	Gross monthly income: 1. x 2. x 3. / 4			!Zero Divide
6	Gross monthly tips/commissions/bonuses (identify)			
Subtotal of Monthly Income From Employment (5) + (6)			SUBTOTAL: 2.A. 0	

12 **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 month	
Unemployment Benefits per month	
Disability Income (estimate)	
Expense Reimbursements and/or Per Diem Allowance not listed in A above	
Other (specify source/type)	
Other (specify source/type)	
SUBTOTAL: 2.B.	0
Total of 2A + 2B Enter here and on Page 1, #4	
TOTAL:	

24 *Do you receive Temporary Assistance for Needy Families? Yes, \$ _____ /month No

25 C. *Do you receive Social Security or Veteran's benefits for any joint children due to parent's disability? Yes, \$ _____ /month No

26 Name of Beneficiary Child(ren) _____

Name of Disabled Parent _____ Source _____

D. *Do you receive Social Security or Veteran's benefits for any joint children due to child's disability? Yes, \$ _____ /month No

Name of Child(ren) _____ Source _____

E. *Is there an order for you to RECEIVE spousal support from your spouse involved in this proceeding? Yes, \$ _____ /month No

F. *Is there an order for you to RECEIVE spousal support from a former/subsequent spouse? Yes, \$ _____ /month No

G. *Are you ordered to PAY spousal support? Yes, _____ \$/month No

If Yes, to whom? _____

H. *Do you pay mandatory union dues? Yes, \$ _____ /month No

I. 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 SUPPOT ORDERS AND ANY CHILD SUPPORT ORDERS FOR NONJOINT 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)?

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

D. Are you or an other member of your household:

a. Enrolled in the Oregon health Plan, Healthy Kids, or any other public health care coverage?

Yes No

b. 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

Name of child(ren) enrolled: _____

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

2 i. Name **all** persons covered and their relationship to you:

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

4 _____

5 iii. Insurance Co.: _____ Phone Number: _____

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

7 v. Policy Number: _____ Group Number: _____

8 vi. Address for submission of claims: _____

9 vii. Your total monthly premium cost: (A)\$: _____ Cost to cover only you: (B)* _____

10 viii. Total number of people enrolled (not counting you):(C)\$ _____

11 ix. Number of joint children enrolled: (D) _____

12 *Cost for joint child(ren) only is (A-B)/C= \$ _____ x D= _____

13 x. ATTACH PROOF OF INSURANCE PREMIUMS

14 F. *DO you pay any out-of-pocket medical expenses (not covered by insurance) for any joint children on a monthly basis?

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

16 a. _____ ; \$ _____

17 b. _____ ; \$ _____

18 c. _____ ; \$ _____

19 d. _____ ; \$ _____

20 G. Does anyone pay a share of the monthly out-of-pocket medical costs for the child(ren)?

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

22 **4. YOUR CHILDCARE EXPENSES**

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

24 Yes No

25 If yes:

Paid to:	Name of Child	Age	Average Monthly Payment

26 B. *Does anyone else share the cost of childcare for the joint child(ren)? If yes, who? _____ amount they pay? \$ _____

27 C. *City where childcare is provided:

28 D. ATTACH COPIES OF PROOF OF CHILDCARE EXPENSES.

1 **5. *YOUR PARENTING TIME**

2 PROPOSED OCCURRING EXISTING PLAN OR WRITTEN AGREEMENT

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

4 a. Name of Child: _____ # of overnights:

5 b. Name of Child: _____ # of overnights:

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

8 **6. YOUR REBUTTAL FACTORS**

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

10 http://www.dcs.state.or.us/oregon_admin_rules/default.htm

11 a. Are you seeking a rebuttal? Yes No

12 b. Explain briefly:

13 B. ATTACH SUPPORTING EVIDENCE? ADDITIONAL INFORMATION

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

18 Dated:

19 My (printed) Name is:

20 I am:

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ATTACHMENT CHECKLIST. Check the box and include the appropriate attachments.

- 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
- Copies of Spousal and Child Support Orders
- Additional Page: Number items to correspond, include your name and case number
- Other: _____

SCHEDULE 1

You must complete this attachment if either party seeks:

Spousal support; or

Deviation from the child support guidelines

These are the total household expenses you must pay each month for yourself only – not for others in your household. 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: <i>Projected expenses when I move out of the marital residence</i>	Monthly Amount
A. RESIDENCE:	
Mortgage or Rent	\$
Second Mortgage/Home Equity Loan	\$
Property Taxes and Insurance (if not included in mortgage)	\$
B. UTILITIES: (averaged over the year)	
Electricity	\$
Gas	\$
Water/Sewer	\$
Trash/Recycling	\$
Telephone/Cell Phone	\$
Cable/Internet	\$
C. TRANSPORTATION:	
Car Payments	\$
Fuel	\$
Bus pass/Van pool/Etc.	\$
Other (specify): (Maintenance and Repairs)	\$
D. INSURANCE:	
Life	\$
Automobile	\$
Medical/Dental	\$
Other (specify)	\$
E. Food and Household Items	\$
F. Unreimbursed health costs, including medications: counseling costs	\$
G. Court/Agency-ordered Support Payments in other cases	\$
TOTAL FIXED COSTS:	0

Schedule 2

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

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