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

In the Matter of $\Box$ the Marria	ige of:	)	
and	Petitioner, Respondent.	) ) ) ) ) )	Case No  AFFIDAVIT OF □ PETITIONER □ RESPONDENT SUPPORTING MOTION/PETITION FOR ENFORCEMENT OF PARENTING PLAN
STATE OF		) ) ss.	
		n this pro	oceeding and I make this Affidavit to support my Motion
			violated my parenting time, or substantially violated the
☐ Additional page lal	peled "Details Ab	out Pare	nting Plan, continued."
I request that the Cou	rt order the remed	lies I sel	ected in my Motion because:
If you asked the cour	t to modify the par	rentino r	plan provisions or schedule a hearing for modification of

If you asked the court to modify the parenting plan provisions or schedule a hearing for modification of custody in your motion, you must provide the following information.

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**Information Required by the UCCJEA.** List the places where the minor child/ren of the parties have lived in the last five years and the names of the people they lived with at that time.

Dates	Cour	nty, State	Parent(s)/Caretaker		Current Address/Contact Address of Parent/Caretaker	Which Children
I 🗖 ha	ave 🗖 ha	ave not partici	pated in	any litigation conce	EA Information continued. rning the custody, visitation in the following liti	on, parenting time or
Name of 0	Court	State	}	Case No.	Date	Result
proceeding in	volving tl	he child/ren, o	or of any	other court case wh	isitation, parenting time or ich could affect this case,	•
		(ident	ify court,	case number and the l	kind of proceeding)	
I do n	ot know a	any person otl	ner than t	he other party who	has physical custody of the	e child/ren or who
claims to have custody, visitation or parenting time rights \(\sigma\) except for:						
				(list name and addra	22)	

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding

the document you are filing with the co	urt. Check all box	kes and complete all blanks	that apply:		
☐ I selected this document for	myself and I com	pleted it without paid assist	ance.		
☐ I paid or will pay money to		for assistance in preparing this document			
☐ Petitioner ☐ Respondent, Signature	<b>:</b>	Print Name			
Address or Contact Address	City, State, Zip	Telephone or Conta	ct Telephone		
SIGNED AND SWORN to before	ore me this	day of	, 20		
	:	Notary Public for My Commission Expires: _	/Court Clerk		
I certify that this is a true copy:Pe	titioner <b>□</b> Respon				