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

In the 1	Matter of:)		
) Case I	No	
	Petitioner, and) TIME) □ and	TION FOR CUSTODY AND PARENTING under ORS 109.103 I CHILD SUPPORT	
	Respondent.	′	ESTIC RELATIONS CASE SUBJECT TO UNDER ORS 21.111	
1.		is the mothe	er and is the	;
father	of (names of children):			_
	, born	on the following date	(s):	
concer			a voluntary acknowledgment of paternity,	
		(list name(s) of child/re	en involved)	_
	☐ by administrative order docke	eted with the following	court:	
as case	e number	, located in	county, concerning the following	
child/re	en:			
		(list name(s) of child/re	en involved)	
	☐ by judicial order entered in the	e following court: :	, as cas	se
numbe	er, located	l in	county, concerning the following child/ren:	
				_
		(list name(s) of child/re	en involved)	
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☐ by anoth	er method:					
		(list	name(s) of child/rer	n involved)		
The minor of	child/ren reside(s)	in		County, State	e of	
			County, State of			
The respondent resi	des in		County, State of			
☐ The chil	se. List the place	s where th	ne minor child/ren	esided in Oregon for the so of the parties have lived in		
	County, State		t(s)/Caretaker	Current Address/ Contact Address of Parent/Caretaker	Which Children	
I □ have □		pated in a	any litigation conc	continued." rerning the custody, visitation cipated in the following litigory	. 1	
Name of Court	State		Case No.	Date	Result	
·///						
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	I do not know of any other domestic violence, custody, visitation, parenting time or placement proceeding
invol	ving the child/ren, or of any other court case which could affect this case, pending in this or any other state
□ ex	cept for:
	(identify court, case number and the kind of proceeding)
	I do not know any person other than the other parent who has physical custody of the child/ren or who
clain	ns to have custody, visitation or parenting time rights \square except for:
	(list name and address)
5.	Parenting Plan (Custody and Parenting Time). Custody of the child/ren should be awarded as follows: ☐ Mother should be awarded sole custody of the following child/ren (list names):
	☐ Father should be awarded sole custody of the following child/ren (list names):
	☐ The parties have agreed to joint custody of the following child/ren (<i>list names</i>):
Plan,	□ Father □ Mother should have parenting time with the child/ren □ as set forth in the attached Parenting labeled Exhibit, or □ Other:
of the	☐ Father ☐ Mother should not be granted parenting time because this would endanger the health and safety e child/ren. State supporting facts:
	☐ Parenting time should be supervised by ☐ Any cost of the supervision shall be paid by ☐ Father ☐ Mother ☐ Other:
	☐ Mother and Father should each provide contact addresses and contact telephone numbers to the other and y each other of any emergency circumstances or substantial changes in the child/ren's health. ☐ Petitioner should be allowed to move more than 60 miles further distant from the other parent without nce notice because good cause exists.
6.	Child Support. A. Other Pending Child Support Cases. (Check one.) □ No other agency or court child support proceeding is currently pending (include any child support matter being heard as part of a dissolution, separation, annulment, paternity, support or modification case). □ There is/are other child support proceeding(s) currently pending in either an agency or court case as set forth in the CERTIFICATE RE: PENDING CHILD SUPPORT PROCEEDING and/or EXISTING CHILD SUPPORT ORDER attached to this petition.

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3.	Other Child Support Orders. (Check one.) ☐ No other child support orders, from an agency or court, are currently in effect in the State of				
	Oregon or any other state. There is/are other child support orders from an agency or court as set forth in the CERTIFICATE RE: PENDING CHILD SUPPORT PROCEEDING and/or EXISTING CHILD SUPPORT ORDERS/JUDGMENTS attached to this petition.				
~	·				
C.	Currently Effective Child Support Order. (Check any that apply.)				
	☐ The following child support order(s) is/are currently in effect:				
	(List state, court/agency, case number, date of order)				
	\Box This order should remain in place, <u>or</u>				
	☐ This order is from an Oregon court or agency, one of the parents or the child/ren receiving				
	support still resides in Oregon and the order should be changed because circumstances have				
	changed since the last order was entered. State supporting facts:				
	☐ The following child support proceeding has been started but is not yet resolved (an order has not yet been issued):				
	(list court/agency, and case number)				
١.	Child Support in this Case.				
	☐ No child support should be ordered in this case because:				
	☐ Child support in the amount of \$ monthly has already been ordered and docketed				
	with the following court (list county and				
	state):				
	☐ Other reason:				
	☐ Child support should be paid by ☐ Mother to Father (or) ☐ Father to Mother beginning on the				
	first day of the month following the date of the judgment and continuing on the first (1st) day of				
	each month thereafter. Under the Support Guidelines set out in Oregon's Administrative Rules, the				
	total payment of child support per month should be:				
	\square \$ for children, \square as reflected in the attached Worksheets, or				
	determined prior to judgment.				
	If a specific amount is indicated above, that amount:				
	•				
	does not deviate from the amount presumed correct under the guidelines.				

	☐ All payments of child support should be made to the Department of Justice, Child Support
	Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309 by electronic payment withdrawal
	(EPW) or electronic funds transfer (EFT). Petitioner requests that collection, accounting,
	disbursement, and enforcement services be provided by the Department of Justice. In addition,
	support for a child attending school (between the ages of 18 and 21) as defined by Oregon law shabe distributed by the Department of Justice directly to the child subject to ORS 107.108.
	(Applies only if support enforcement services are <u>not</u> being provided.) Petitioner requests an
	exception to the income withholding requirement of ORS 25.378 allowing payment to be made
	directly to \square Father's \square Mother's checking or savings account. A receipt of deposit should be
	kept by the parent paying support as proof of payment. The parent receiving support should
	provide the paying parent with current deposit slips and/or bank name, account name, and account
	number.
E.	(Check one.)
	\Box Father \Box Mother shall be entitled to claim the following child(ren) as dependent(s) for tax
	purposes beginning the year this judgment is entered (list names):
	OR
	☐ Other (specify):
F.	The support payments for each child should continue until the child reaches 18 years of age or is
	otherwise emancipated, or until the child reaches age 21, so long as the child is a student attending

7.

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8.	Medical Insurance	e Coverage for Child/ren.	
	Throughout the per	riod of the support obligation, \Box Father \Box	Mother should name the child/ren as
benefi	ciaries of any health,	accident, dental, orthodontic, and optical in	surance plan, available through that parent's
emplo	yment, group, or unio	on, at a cost not to exceed the amount of chi	ld support ordered in this case. If that parent
fails to	o maintain insurance	under these circumstances for the child/ren,	that parent should be responsible for any of
those	expenses incurred aft	er the date of the court order requiring the c	overage. If that parent maintains this
insura	nce but the insurance	does not provide complete coverage, that p	arent should pay% of the uninsured
costs.	If the insurance cover	erage for the child/ren is provided through the	ne parent's employment, group, or union, and
if this	employment, group of	or union membership is then terminated, this	s parent shall notify the other parent of this
fact pi	rior to or immediately	upon termination. If insurance is not avail	able to this parent when the final judgment is
entere	d, that parent should	provide insurance in the future when it become	omes available to him/her.
	Whenever Fathe	r 🖵 Mother does not have health, accident	, dental, orthodontic, or optical insurance
availa	ble through employm	ent, group or union membership, that paren	t should pay% of the uninsured costs
incurr	ed by the child/ren th	roughout that period, including costs for pre	escriptions.
10.	Information Requ ☐ Disclosure of the	d; labeled "Paragraph 9 Continued - Additional direction of the following information would unreasonably did for the following unreasonably did	y put to risk the health, safety, or liberty of
	☐ Otherwise: (Fill	out the information in the table below)	
		Mother	Father
	Full Name		
For	mer Legal Name(s)		
	Age		
Ad	ddress or Contact		
	Address		

	Mother	Father			
Telephone Number					
Social Security Number	Do not list. Provide by UTCR 2.100 Affidavit	Do not list. Provide by UTCR 2.100 Affidavit			
Drivers License Number					
Employer Name					
Employer Address					
Employer Telephone					
	d "Paragraph 10 continued" attached.	1			
11. Court Costs and I					
	Costs and Fees				
•	•	by the Sheriff) that are deferred (required to			
be paid at	a later date) by the court should be paid by:	☐ Petitioner ☐ Respondent			
☐ Both pa	rties equally Other:				
B. Costs and	Fees Paid by the Parties				
☐ Each pa	ner own court costs and service fees for this				
case.					
☐ To be p	☐ To be paid by both parties equally				
Petition	☐ Petitioner ☐ Respondent should reimburse the other party for his or her court costs and se				
fees for thi	fees for this case.				
☐ Other:					
Judgment should be entered according to the cost and fee allocation listed above.					
12. Certificate of Doc	rument Preparation. You are required to tr	ruthfully complete this certificate regarding			
the document you	are filing with the court. Check all boxes an	nd complete all blanks that apply:			
☐ I selecte	ed this document for myself and I completed	l it without paid assistance.			
☐ I paid o	r will pay money to	for assistance in preparing			
this form.					
13. Certificate of Resider	ncy.				

I certify that one or both of the parties to this case currently live in the county in which this petition is being filed.

that the Court thinks is just.			
STATE OF) ss.		
County of)		
I,	, being d	luly sworn, say that I am	the petitioner in this matter and
that the foregoing petition is true a	nd correct to the best of i	my knowledge.	
Petitioner, Signature		Print Name	e
Address or Contact Address	City, State, Zip	Telephone	or Contact Telephone
		day of	
by	·		
	No	otary Public for	/Court Clerk
	My	y Commission Expires: _	
I certify that this is a true copy.			
Petitioner, Signature			

WHEREFORE, petitioner requests a Judgment granting the relief asked for above, and other equitable relief