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

In the Matter of \Box the Marriage of:)	
, Petitioner,)	Case No.
and)	RESPONSE TO PETITION FOR GOVERNING CHILD SUPPORT JUDGMENT
Respondent.)	

I, _____, being first duly sworn, say \Box I am the respondent \Box I represent the State of Oregon in this proceeding and state as follows:

Response

1. \Box I respond \Box State of Oregon responds to the Petition for Governing Judgment on file herein as follows:

2. I disagree State of Oregon disagrees with the information set forth in the Petition about existing child support judgments. All existing child support judgments known to me are set forth below (*attach certified copies of child support orders or judgments <u>not</u> contained in the Petition):*

Exhibit #	Agency Case #	Court Case #	County	Entry/ Effective Date	Amount of Child Support Ordered	Payment Start Date	Additional Information about Judgment
1							
2							
3							
4							

Additional sheets attached as "<u>Attachment #2-Multiple Judgments</u>."

3. (*Complete if Paragraph 3 of the Petition has been filled out.*) \Box I disagree \Box State of Oregon disagrees with Paragraph 3 of the Petition that the presumption has been rebutted for the following reasons:

- a. The last-issued child support judgment should <u>not</u> be set aside under the provisions of ORCP 71 because:
 - i. There was <u>no</u> mistake, inadvertence, surprise, or excusable neglect of Petitioner. *(Explain)*:______

	ere was <u>no</u> fraud, misrepresentation or other misconduct by Respondin:	lent.
🖵 Th	e judgment is <u>not</u> void. (Explain:)	
upon v	e judgment has <u>not</u> been satisfied, released or discharged, nor has a which it is based been reversed or otherwise vacated, nor is it no lon e judgment should have prospective application. <i>(Explain)</i> :	ger e

c. The last-issued child support judgment was <u>not</u> issued after an earlier child support judgment that did not enforce, modify or set aside the earlier child support judgment because (*list reasons for disagreement*):

, or

4. (Complete if Paragraph 4 of the Petition has been filled out.) \Box I disagree \Box State of Oregon disagrees with Paragraph 4 of the Petition that the terms of the last-issued child support judgment dealing with monetary support and health insurance are the controlling terms \Box and/or that the exceptions requested in Paragraph 4 apply because (*check one or more of the following*):

b.

- a. Of the mistake, inadvertence, surprise, or excusable neglect of Respondent. (*Describe details*):
- b. There is newly discovered evidence which by due diligence could not have been discovered in time to move for a new trial under Rule 64F. (*Describe details*):
- c. Of the fraud, misrepresentation or other misconduct of Petitioner. (*Describe details*):

d. The judgment is void for the following reasons. (*Describe details*):

e. The judgment has been satisfied, released or discharged, or a prior judgment upon which it is based has been reversed or otherwise vacated, or it is no longer equitable that the judgment should have prospective application. (*Describe details*):

, or

, or

- f. \Box The last-issued child support judgment was issued without prior notice to the issuing court, administrator or hearing officer that: \Box there was a pending support proceeding involving the child[ren], or \Box there existed another child support judgment involving the child[ren], in this state or any other jurisdiction. (*Explain*):
- g. The last-issued child support judgment was issued after an earlier child support judgment and did not enforce, modify or set aside the earlier child support judgment. *(Explain)*: _____

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5. (Complete if Paragraph 5 of the Petition has been filled out.) Even if the presumption is rebutted, \Box I disagree \Box the State of Oregon disagrees with Paragraph 5 of the Petition, and request that the controlling terms with respect to monetary support and health insurance be determined as follows:

i. As contained in the earlier-issued judgment dated _______(See Exhibit #_____).

ii. \Box As follows (describe monetary support and/or health insurance provisions you would agree to):

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

☐ I selected this document for myself and I completed it without	paid assistance.
□ I paid or will pay money to	for assistance in preparing this
form.	

DATED:	, 20			
		Signature		
STATE OF OREGON)) ss.			
County of)			
I,and that the statements in this Response	, being se are true and corr	duly sworn, say	/ that I am the respond of my knowledge.	ent in this matter,
Signature		Print Name		
Address or Contact Address	City, State, Zip		Telephone or Contac	et Telephone
SIGNED AND SWORN to be			, 20	,
			y Public for ommission Expires:	
I certify that this is a true copy:				

Respondent, Signature