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

In the Matter of the Marriage of: )  
\_\_\_\_\_, )  
Petitioner, )  
and )  
\_\_\_\_\_, )  
Respondent. )

Case No. \_\_\_\_\_  
PETITIONER'S RESPONDENT'S  
UNIFORM SUPPORT DECLARATION  
(Spousal/Child Support Case)

**SUMMARY INFORMATION - COMPLETE THIS PAGE LAST**

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

mm/dd/year

- 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):. . . . . \_\_\_\_\_
- 3 Number of nonjoint additional children (Page 2, I.B):. . . . . \_\_\_\_\_
- 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):. . . . . \$  
Person with Disability is:  Child  Me  Other Parent
- 8 Spousal support RECEIVED by you:. . . . . \$
- 9 Spousal support PAID by you:. . . . . \$
- 10 Mandatory union dues paid:. . . . . \$
- 11 Health care premiums for yourself only if you provide insurance for child(ren):. . . . . \$
- 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 child(ren) spend with you:. . . . . \_\_\_\_\_

1 15 Childcare expenses paid for joint child(ren):..... \$ \_\_\_\_\_  
 2 16 City where childcare is provided:..... \_\_\_\_\_

3 This form is a DECLARATION under penalty of perjury required for support determinations. It must be completed  
 4 in its entirety, signed, filed with the court or appropriate administrative agency, and served upon the other party (or  
 their attorney).

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

7 **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.**

8  
 9 I. **CHILDREN**

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

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

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

Name of Child	Age

23 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		

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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	
5	Gross monthly income: 1 x 2 x 3 ÷ 4		\$	
6	Gross monthly tips/commissions/bonuses (identify):	+		
<b>Subtotal of Monthly Income From Employment (5) + (6)</b>			<b>SUBTOTAL: 2.A.</b>	\$

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 week multiplied by 52; divided by 12	
Unemployment Benefits per week multiplied by 52; divided by 12	
Disability Income	
Expense Reimbursements and/or Per Diem Allowance not listed in item A. above	
Other (Specify source/type)	
Other (Specify source/type)	
<b>SUBTOTAL: 2.B.</b>	
<b>*Total of 2A + 2B Enter here and on Page 1, #4</b>	
<b>TOTAL:</b>	
	\$

		Monthly Amount
C	*Do you receive Temporary Assistance for Needy Families?. . .	\$
D	*Do you receive Social Security or Veteran's benefits for <u>any joint child(ren)</u> due to <u>parent's</u> disability?. . . . . <b>Name of Beneficiary Child(ren):</b> _____ <b>Name of Disabled Parent:</b> _____	\$

1	E	*Do you receive Social Security or Veteran's benefits for <u>any joint child(ren)</u> due to <u>child's</u> disability? . . . . . <b>Name of Child(ren):</b> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2				
3	F	*Is there an order for you to RECEIVE spousal support from your spouse involved in this proceeding? . . . . .	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4				
5	G	*Is there an order for you to RECEIVE spousal support from a former/subsequent spouse? . . . . .	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6				
7	H	*Are you ordered to PAY spousal support? . . . . . <b>If Yes, to whom?</b> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8				
9	I	*Do you pay mandatory union dues? . . . . .	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10				
11	J	ATTACH A COPY OF YOUR <b>FOUR</b> 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.		

14 III. **HEALTH CARE COVERAGE AND MEDICAL EXPENSES**

- 15 A. \*Is there a cost to insure just yourself if you provide insurance for the child(ren)? . . .  YES  NO
- 16 B. Do you provide health care coverage for your joint child(ren)? . . . . .  YES  NO
- 17 C. Does someone else provide health care coverage for your joint child(ren)? . . . . .  YES  NO
- 18 D. Are you or any member of your household:
- 19 1. Enrolled in the Oregon Health Plan, Healthy Kids, or any other public health care coverage? . . . . .  YES  NO
- 20 2. Receiving a state subsidy for public or private health care coverage? . . . . .  YES  NO
- 21 E. Are any of the joint children enrolled in public health care coverage (Healthy Kids/Oregon Health Plan)? . . . . .  YES  NO
- 22 If you answered "YES" to A, B, C, D, or E above:
- 23 1. Name **ALL** persons covered: \_\_\_\_\_
- 24 Relationship to you: \_\_\_\_\_
- 25 2. What is the source of the insurance? (such as through your employer, spouse, other): \_\_\_\_\_
- 26 3. Insurance Co.: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Monthly amount of any state subsidy received by your household for public or private health-care coverage \$ \_\_\_\_\_.
5. Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_
6. Address for submission of claims: \_\_\_\_\_
7. Your total monthly premium cost: (A) \$ \_\_\_\_\_; Cost to cover only you: (B)\*\$ \_\_\_\_\_  
Total number of people enrolled (not counting yourself): (C) \_\_\_\_\_; number of joint children enrolled: (D) \_\_\_\_\_

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(503) 228-8448  
Facsimile: (503) 273-9135



1 VI. **YOUR REBUTTAL FACTORS**

2 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](http://www.dcs.state.or.us/oregon_admin_rules/default.htm)

- 3 1. Are you seeking a rebuttal (an adjustment to the support amount)?  
4 2. Explain briefly: \_\_\_\_\_

5 B. ATTACH SUPPORTING EVIDENCE/ADDITIONAL INFORMATION.

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

9 DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

10 \_\_\_\_\_  
11 Signature:

12 \_\_\_\_\_  
13 Printed Name,  Petitioner  Respondent

14 I. ATTACHMENT CHECKLIST. Check the box and include the appropriate attachment(s).

- |   |  |
|---|--|
| <input type="checkbox"/> Four most recent pay stubs or benefit statements | <input type="checkbox"/> Most recent parenting plan or written agreement                                   |
| <input type="checkbox"/> Most recent state and federal tax returns        | <input type="checkbox"/> Proof of childcare costs  |
| <input type="checkbox"/> Proof of insurance premiums                      | <input type="checkbox"/> Copies of Spousal and Child Support Orders  |
| <input type="checkbox"/> Proof of medical costs                           | <input type="checkbox"/> Additional Page: Number items to correspond,<br>include your name and case number |
|   | <input type="checkbox"/> 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
<b>A. RESIDENCE:</b>	
Mortgage or Rent:	
Second Mortgage/Home Equity Loan:	
Property Taxes (if not included in Mortgage):	
Insurance (if not included in Mortgage):	
<b>B. UTILITIES:</b>	
Electricity:	
Gas:	
Water:	
Garbage:	
Telephone:	
Cable/Internet:	
<b>C. TRANSPORTATION:</b>	
Car Payments:	
Fuel:	
Maintenance and Repairs:	
Other (specify):	
<b>D. INSURANCE:</b>	
Life:	
Automobile:	
Medical/Dental:	
Other (specify):	
<b>E. Food and Household Items:</b>	

1	<b>F. Medicine &amp; Pharmaceutical - unreimbursed medical/dental costs:</b>	
2	<b>G. Court/DHR-Ordered Support Payments for other than</b>	
3	<b>child(ren)/spouse/RDP in this case:</b>	
4	<b>TOTAL FIXED COSTS (A-G):</b>	<b>\$</b>

5 **II. CONSUMER OBLIGATIONS:**

6	Name of Creditor	Balance Due	Monthly Payment
7	A.		
8	B.		
9	C.		
10	D.		
11	E.		
12	F.		
13	G.		
14	<b>TOTAL PAYMENTS ON CONSUMER OBLIGATIONS (A-G):</b>	<b>\$</b>	

15 **III. SUMMARY OF EXPENSES:**

16	Description	Monthly Amount
17	Fixed Costs (item I. above)	\$
18	Consumer Obligations (item II. above)	\$
19	<b>TOTAL EXPENSES:</b>	<b>\$</b>

20 **IV. OTHER FACTORS:**

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