

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

FAMILY LAW DEPARTMENT

In the Matter of:

Case No. 20*****

,

PETITIONER/RESPONDENT'S
UNIFORM SUPPORT DECLARATION

Petitioner,

And

CSP No:

,

Respondent.

I am the petitioner respondent other: _____

1. Number of children _____

a. Joint minor children (children of the parties together) _____

b. Joint adult children (age 18, 19, or 20) _____

i. Joint adult children attending school _____

c. Non-joint minor children (children of only one party) _____

d. Number of overnights the joint children spend with me (per year) _____

i. Current order, judgment, or written agreement _____

ii. Proposed _____

2. Sources of Income

Wages/Salary: (monthly, before taxes)		
\$ _____ per hour	_____ hours/pay	
	period	

1	<i>Convert to Annual. If paid monthly, enter "12." If paid twice monthly, enter "24." If paid every two weeks, enter "26." If paid every week, enter "52."</i>	
2	<i>Convert to Monthly /12</i>	
3	Subtotal A:	\$

4 Other Sources of Monthly Income:

5	Tips:		Bonuses/Commission:	
6	Workers Comp:		Interest:	
7	Social Security:		Annuity:	
8	Unemployment:		Trust:	
9	Disability:		Dividends:	
10	TANF:		Other:	
11	Other:		Other:	
12	Other:		Other:	
13	Expense reimbursement/per diem allowance that reduces personal living expenses:			
14	Subtotal B:			\$ 0.00
15	Gross monthly income TOTAL			

- 16 3. Spousal or Partner Support \$ _____
- 17 4. Health Insurance \$ _____
- 18 a. Premium to cover just me \$ _____
- 19 b. Premium paid for joint children \$ _____
- 20 c. Out of pocket medical costs paid for joint children \$ _____
- 21 d. Subsidies received for health insurance costs \$ _____
- 22 e. Oregon Health Plan (or other public health insurance) \$ _____
- 23 5. Other
- 24 a. Union dues \$ _____
- 25 b. Social Security or Veteran's Benefits received for children \$ _____
- 26 i. Person with disability is: child me other parent
- 27 c. Childcare expenses for joint children (12 or younger) \$ _____
- 28 i. City or ZIP where childcare is provided: _____
- 29 ii. Does anyone else share the cost of childcare? yes no

Name: _____ Amount: \$ _____

6. Rebuttal Factors

(The amount of child support is based on statewide guidelines. The guideline amount can be rebutted [challenged] under OAR 137-050-0760, click here to read the rule: https://www.doj.state.or.us/wp-content/uploads/2017/08/050_0760.pdf)

I am challenging the guideline amount (explain rebuttal factors):

Attachments

- 4 most recent pay stubs
- Benefit statements
- Most recent tax return
- Copies of currently effective spousal/partner support, child support, and parenting time orders or judgments
- Proof of health insurance premiums and any subsidies received
- Proof of out of pocket medical expenses
- Proof of childcare expenses
- Evidence supporting any rebuttal factors for child support

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court. I understand I am subject to penalty for perjury.

Dated: _____, **Petitioner/Respondent**

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	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):	
D. INSURANCE:	
Life	
Automobile	
Medical/Dental	
Other (specify):	
E. Food and Household Items	
F. Unreimbursed health costs, including medications	
G. Court/Agency-ordered Support Payments in other cases	
TOTAL FIXED COSTS:	

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

2. DEBTS:

Name of Creditor (who debt is owed to)	Balance Due	Monthly Payment
TOTAL MONTHLY DEBT PAYMENTS:		

3. **TOTAL FIXED COSTS + MONTHLY DEBTS = \$** _____

4. Other factors you want the court to consider:

Exhibit 1

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:	