

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF

Department of Domestic Relations

In the Matter of the Marriage of _____) Case No. _____
 _____)
 _____)
 _____) **UNIFORM SUPPORT DECLARATION**
 Petitioner, _____) **OF PETITIONER / RESPONDENT**
 and _____)
 _____) **(Child / Spousal Support Case)**
 _____)
 Respondent. _____)

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 Completed

1. Number of joint children from this relationship:	
2. Number of joint children over 18 but under 21 attending school:	
3. Number of non-joint additional children:	
4. Gross monthly income from all sources:	\$ -
5. Receiving Temporary Assistance for Needy Families?	y / n
6. Child(ren) on Oregon Health Plan/Healthy Kids, or other public health plan?	y / n
7. Social Security or Veterans' benefits received for children?	y / n
Person with disability is: Child: <input type="checkbox"/> Me: <input type="checkbox"/> Other Parent: <input type="checkbox"/>	
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 the 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) spends with you:	
15. Childcare expenses paid for JOINT child(ren):	\$ -
16. City where childcare is provided:	

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

INSTRUCTIONS: Answer all questions. If you are seeking spousal support, you need to complete Schedule 1. Attach additional pages if necessary.

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.

1. CHILDREN

List all JOINT child(ren) under the age of 21 born or adopted
 A. during this relationship:

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

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B. List all NON-JOINT child(ren) under the age of 21 born to or adopted by you (but not of this relationship):

Name of Child	Age

2. **YOUR GROSS INCOME**

A. From Your Employment

Description			Monthly Amount
1. Gross Hourly Wage		\$ -	
2. Average Number of Hours Worked Per Pay Period	x		
3. Convert to annual. If paid monthly, enter "12;" if paid twice per month, enter "24;" if paid every two weeks, enter "26;" if paid weekly, enter "52."	x		
4. Convert to monthly	÷	12	
5. Gross monthly income (#1 x #2 x #3 divided by #4)		\$ -	
6. Gross monthly tips/commissions/bonuses (identify):		\$ -	
Subtotal of Monthly Income From Employment (#5) + (#6)		SUBTOTAL 2A	\$ -

B. Other Sources of Monthly Income (attach verification)

Description	Monthly Amount	
Self-employment (gross receipts)	\$ -	
Dividends	\$ -	
Interest Income	\$ -	
Trust Income	\$ -	
Annuity Income	\$ -	
Social Security Income	\$ -	
Workers' Compensation Benefits per week (multiply by 52; then divide by 12)	\$ -	
Unemployment Benefits per week (multiply by 52; then divide 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)	\$ -	
SUBTOTAL 2B		\$ -
Total of 2A + 2B (Enter here and on Page 1, #4)		TOTAL: \$ -

	Yes	Monthly Amount	No
C. Do you receive Temporary Assistance for Needy Families?		\$ -	
D. Do you receive Social Security or Veteran's benefits for any joint child(ren) due to a parent's disability?		\$ -	
Name of Beneficiary Child(ren)		\$ -	
Name of Disabled Parent		\$ -	
E. Do you receive Social Security or Veteran's benefits for any joint child(ren) due to a child's disability?		\$ -	
Name of Child(ren)			
F. Is there an order for you to RECEIVE spousal support from your spouse involved in this proceeding?		\$ -	
G. Is there an order for you to RECEIVE spousal support from a former/subsequent spouse?		\$ -	

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	Yes	Monthly Amount	No
H. Are you ordered to PAY spousal support?		\$ -	
If yes, to whom? _____			
I. Do you pay mandatory union dues?		\$ -	

Attach a copy of your FOUR most recent paystubs, benefit statements and copies of your recently filed state and federal tax returns.

Attach copies of spousal support orders and any child support orders for non-joint additional child(ren) not living with you.

3. **HEALTH CARE COVERAGE AND MEDICAL EXPENSES**

	Yes	No
A. Is there a cost to insure just yourself if you provide insurance for the child(ren)?		
B. Do you provide health care coverage for your joint child(ren)?		
C. Does someone else provide health care coverage for your joint child(ren)?		
If yes, person or entity providing health care coverage: _____		
D. Are you or any member of your household:		
Enrolled in the Oregon Health Plan, Healthy Kids, or any other public health care coverage?		
Receiving a state subsidy for public or private health care coverage?		
E. Are any of the joint child(ren) enrolled in public health care coverage (Healthy Kids/Oregon Health Plan)?		
Name of the child(ren) enrolled? _____		

If you answered YES to A, B, C, D, or E above:

Name of all persons covered: _____

Relationship to you: _____

What is the source of the insurance (such as through employer, spouse, other): _____

Insurance Company	_____	Phone Number	_____
Address	_____		
Policy Number	_____	Group No.	_____

Monthly amount of any state subsidy received by your household for public or private health-care coverage? \$ -

Your total monthly premium cost: (1)	\$ -
Cost to cover only you: (2)	\$ -
Total number of people enrolled not counting yourself: (3)	_____
Number of joint child(ren) enrolled: (4)	_____
The cost for the joint child(ren) only is (1)- (2) / (3) =	_____ x (4) \$ -

ATTACH PROOF OF INSURANCE PREMIUMS

F. Do you pay any out-of-pocket medical expenses (not covered by insurance) for any joint child(ren) on a monthly basis?

	Yes	No
If yes, list the name of the child, the reason for the cost(s) and the amount per month:		
_____	\$ -	
_____	\$ -	
_____	\$ -	
Total out-of-pocket expenses (not covered by insurance)	\$ -	

G. Does anyone pay a share of the monthly out-of-pocket costs for the child(ren)?

	Yes	No
If yes, who? _____		
Amount they pay?	\$ -	

ATTACH PROOF OF MONTHLY EXPENSES

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4. **YOUR CHILDCARE EXPENSES**

Yes	No

A. Do you pay for childcare for the joint child(ren) so you can work, train, or look for work?
 If yes:

Paid To	Name of Child	Age	Average Monthly Payment
			\$ -
			\$ -
			\$ -
			\$ -

B. Does anyone else share the cost of childcare for the joint child(ren)?

Yes	No

If yes, who? _____ Amount paid per month? \$ -

C. City where childcare is provided: _____

ATTACH PROOF OF CHILDCARE EXPENSES

5. **YOUR PARENTING TIME**

Proposed Occurring Existing Plan/Written Agreement

How many ANNUAL overnights does each joint child spend with YOU?

Name of Child	Number of Overnights

ATTACH COPY OF MOST RECENT PARENTING PLAN OR WRITTEN AGREEMENT

6. **YOUR REBUTTAL FACTORS**

The amount of child support to be paid may be rebutted under OAR 137-050-0760.
http://www.dcs.state.or.us/Oregon_adminrules/default.htm

Yes	No

A. Are you seeking a rebuttal (an adjustment to the support amount)?

B. Explain briefly:

ATTACH SUPPORTING EVIDENCE/ADDITIONAL INFORMATION

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

Dated this ____ day of _____, 201__.

 Client's name Petitioner / Respondent

Subscribed and sworn to before me this ____ day of _____, 201__.

 Notary Public for Oregon
 My Commission Expires: _____

ATTACHMENTS -- Check the appropriate box and provide the attachments			
Last four (4) payroll stubs	<input type="checkbox"/>	Proof of child care costs	<input type="checkbox"/>
Most recent federal and state income tax returns (include all applicable schedules)	<input type="checkbox"/>	Most recent parenting plan/written agreement	<input type="checkbox"/>
Proof of insurance premiums	<input type="checkbox"/>	Spousal/child support orders	<input type="checkbox"/>
Proof of medical costs	<input type="checkbox"/>	Other	<input type="checkbox"/>

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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 EXPENSE IF IT IS DEDUCTED FROM YOUR WAGES.**

1. Fixed Costs			
	Description	Current	Projected
A. Residence	Mortgage or Rent	\$ -	\$ -
	Second Mortgage/Home Equity Loan	\$ -	\$ -
	Property Taxes (if not included in Mortgage)	\$ -	\$ -
	Insurance (if not included in Mortgage)	\$ -	\$ -
B. Utilities	Electricity	\$ -	\$ -
	Gas	\$ -	\$ -
	Water	\$ -	\$ -
	Garbage	\$ -	\$ -
	Telephone	\$ -	\$ -
C. Transportation	Cable/Internet	\$ -	\$ -
	Car Payments	\$ -	\$ -
	Fuel	\$ -	\$ -
	Maintenance & Repairs	\$ -	\$ -
D. Insurances	Other (specify)	\$ -	\$ -
	Life	\$ -	\$ -
	Automobile	\$ -	\$ -
	Medical/Dental	\$ -	\$ -
E.	Food and Household Items	\$ -	\$ -
F.	Medicine & Pharmaceutical	\$ -	\$ -
G.	Court/DHR-Ordered Support Payments for other than child(ren)/spouse/RDP in this case	\$ -	\$ -
	Total Fixed Costs (1A-G)		\$ -

2. Consumer Obligations			
	Name of Creditor	Balance Due	Monthly Amount
A.		\$ -	\$ -
B.		\$ -	\$ -
C.		\$ -	\$ -
D.		\$ -	\$ -
E.		\$ -	\$ -
Total Payments on Consumer Obligations (2A-E)			\$ -

3. Summary of Expenses		
	Description	Monthly Amount
	Fixed Costs (Item 1)	\$ -
	Consumer Obligations (Item 2)	\$ -
	TOTAL EXPENSES	\$ -

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4. Other Factors	
Other factors that affect my income and expenses or that should be considered (attach supporting documentation whenever possible):	
	\$ -
	\$ -
TOTAL ADDITIONAL FACTORS	\$ -

SCHEDULE 2 - ADDENDUM			
Additional Spousal Support Expenses			
	Description	Current	Projected
A. Residence	Security system	\$ -	\$ -
	Maintenance & Repairs	\$ -	\$ -
	Yard service	\$ -	\$ -
	Housecleaning	\$ -	\$ -
B. Personal	Entertainment	\$ -	\$ -
	Hobbies	\$ -	\$ -
	Vacations	\$ -	\$ -
	Gifts	\$ -	\$ -
	Memberships (unions, clubs, etc.)	\$ -	\$ -
	Hair care/personal care	\$ -	\$ -
	Cosmetics/toiletries	\$ -	\$ -
	Charitable contributions	\$ -	\$ -
	Pets/veterinary expenses	\$ -	\$ -
	Postage stamps	\$ -	\$ -
	Bank fees/services charges	\$ -	\$ -
	Attorney fees	\$ -	\$ -
	Clothing	\$ -	\$ -
C. Transportation	Laundry/dry cleaning	\$ -	\$ -
	Parking	\$ -	\$ -
Total Additional Expenses (2A-C)		\$ -	\$ -

	Current	Projected
TOTAL	\$ -	\$ -

Print Name, Petitioner / Respondent

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