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

In the Matter of:	)	Case No. _____
	)	
PETITIONER'S NAME,	)	Judge Assigned: _____
	)	Check one box:
□ Petitioner □Co-Petitioner,	)	□ PETITIONER'S □ RESPONDENT'S
	)	□ CO-PETITIONER or
And	)	□ OTHER: _____
	)	
RESPONDENT'S NAME,	)	UNIFORM SUPPORT DECLARATION
	)	
□ Respondent □ Co-Petitioner.	)	OR CSP Case #_____
	)	

SUMMARY INFORMATION:

After completing Sections 1 through 4, 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:	_____
2.	Number of Joint Children over 18 but under 21 attending school:	_____
3.	Number of Non-Joint Children:	_____
4.	Gross Monthly Income From All Sources:	$_____
5.	Receiving Temporary Assistance for Needy Families:	□ **Yes** □ **No**
6.	Children on Oregon Health Plan:	□ **Yes** □ **No**
7.	Social Security or Veteran's Benefits Received for Children:	$_____
8.	Spousal Support RECEIVED by you:	$_____
9.	Spousal Support PAID by you:	$_____
10.	Mandatory Union Dues Paid:	$_____
11.	Health Care Premiums Paid for Joint Children:	$_____
12.	Out-of-Pocket Health Care Expenses Paid for Joint Children:	$_____
13.	Number of ANNUAL Overnights Child(ren) Is/Are with You:	_____
14.	Childcare Expenses Paid for Joint Children:	$_____
15.	City where child care 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 their attorney).

INSTRUCTIONS: Answer all questions. *Items marked with * should be transferred to Page 1.* If you are seeking spousal support, you need to complete Schedule 1.

IMPORTANT: This information will be disclosed to the other party. If you wish to protect it, you may use the Court's "Confidential Information Form" process.

1. **PERSONAL INFORMATION.**

A. Your full name: _____

B. *List all JOINT-CHILDREN born or adopted during this relationship:

		Children Living With:			Attending School	
Name of Child	**Age**	**Me**	**Other Parent**	**Other**	**Yes**	**No**

C. *List all NON-JOINT CHILDREN born to or adopted by you **not of this relationship**.

Name	Age

2. **EMPLOYMENT AND OTHER INCOME, PAYMENTS AND CHILD CARE COSTS**

A. *From Employment:

Description		Monthly Amount
Gross Hourly Wage		
Average Number of Hours Worked Per Pay Period		
Multiplier: if paid monthly, enter "1." If paid twice monthly, enter "2." Every two weeks, enter "2.15." Weekly, enter "4.3."		
Gross Monthly Income		
Gross Monthly Tips/Commissions Bonuses (identify):		
	SUBTOTAL: 2.A.	

B. *Other Sources of Income: (Please attach verification of any income available to you 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 4.3	
Unemployment Benefits per week multiplied by 4.3	
Disability Income	
Expense Reimbursements and/or Per Diem Allowance not listed in item A above	
ADC Benefits	
Other (specify):	
SUBTOTAL: 2.B.	

C. *Do you receive Temporary Assistance for Needy Families? □ **Yes, $_____ monthly** □ **No**

D. *Do you receive Social Security or Veteran's benefits for any joint child?

□ **Yes, $_____ monthly Name_____ Source _____** □ **No**

E. *Do you RECEIVE spousal support from your spouse involved in this proceeding

□ **Yes, $_____ monthly** □ **No**

From a former spouse □ **Yes, $_____monthly** □ **No**

F. *Are you ordered to PAY spousal support? □ **Yes, $_____ monthly**

To whom? _____ □ **No**

G. *Do you pay mandatory union dues? □ **Yes, $_____ monthly** □ **No**

H. ATTACH A COPY OF YOUR FOUR MOST RECENT PAY STUB(S), BENEFIT STATEMENTS **AND** COPIES OF YOUR MOST RECENTLY FILED STATE AND FEDERAL TAX RETURNS.

I. *Do you pay for child care for joint children so you can work or look for work? □ **Yes** □ **No**

If yes, to whom is it paid? _____Average Monthly amount $_____

J. *Does anyone else share the cost of child care for the joint children? □ **Yes** □ **No**

If yes, name: _____; Average Monthly Amount $_____

K. ATTACH COPIES OF PROOF OF CHILD CARE COSTS.

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

A. Do YOU provide health care coverage for your joint child(ren)? □ **Yes** □ **No**

B. Does SOMEONE ELSE provide health care coverage for your joint children? □ **Yes** □ **No**

C. Are you or any member of your household a recipient of the Oregon Health Plan? □ **Yes** □ **No**

Are any of the joint children enrolled in public health care coverage (example Oregon Health Plan)?

□ **Yes** □ **No**

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

i. Name **all** persons covered _____

a. Relation to you _____

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

iii. Insurance Co.: _____ Phone Number: _____

iv. Policy Number: _____; Group Number: _____

v. Address for submission of claims: _____
_____

vi. 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_____

The cost for the joint children only is (A – B) ÷ C x D = _____

vii. ATTACH PROOF OF INSURANCE PREMIUMS.

E. *Do you pay any out-of-pocket medical costs (not covered by insurance) for any of the joint child(ren) on a monthly basis? □ **Yes** (if yes, list the name of the child, the reason for the cost(s), and the amount per month below) □ **No**

i. _____; $_____

ii. _____; $_____

iii. _____; $_____

iv. _____; $_____

F. Does anyone pay a share of the monthly out-of-pocket medical costs for the children?

□ **Yes**; if yes, who? _____; amount they pay? $_____;

□ **No**

G. ATTACH PROOF OF MONTHLY MEDICAL COSTS.

4. ***PARENTING TIME**

A. How many ANNUAL overnights your joint child/children is/are with YOU?

i. Name of Child: _____ # of overnights: _____

ii. Name of Child: _____ # of overnights: _____

iii. Name of Child: _____ # of overnights: _____

iv. Name of Child: _____ # of overnights: _____

B. ATTACH COPY OF MOST RECENT PARENTING PLAN OR WRITTEN AGREEMENT.

5. **REBUTTAL FACTORS**

A. The amount of child support to be paid may be rebutted under OAR 137-050-0333. (http://www.dcs.state.or.us/oregon_admin_rules/default.htm)

i. Are you seeking a rebuttal? □ **Yes** □ **No**

ii. On what basis? _____

B. ATTACH SUPPORTING EVIDENCE.

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 _____, 20_____.

My (printed) Name Is_____
I am:
□ PETITIONER □ RESPONDENT □ CO-PETITIONER
□ OTHER: _____

_____
SIGNATURE

EXHIBIT CHECKLIST. Check the box and include the appropriate attachment(s).

□ Four most recent pay stubs or benefit statements
□ Most recent state and federal tax returns (including all applicable schedules)
□ Proof of insurance premiums
□ Proof of medical costs
□ Most recent parenting plan or written agreement
□ Proof of child care costs
□ Other(s): _____

CERTIFICATE OF MAILING

I hereby certify that I served a copy of this Uniform Support Declaration and all attachments by mailing it first class mail, with postage prepaid on _____ (date) to the following people:

1. _____ (Other Party/Attorney name)

   Address:_____

   _____

2. _____ (name)

   Address:_____

   _____

_____

SIGNATURE