

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

_____ Petitioner
and
_____ Respondent

Case No.: _____

**UNIFORM SUPPORT
DECLARATION**

CSP No.: _____

Unmarried children age 18, 19, or 20 years old (per ORS 107.108)

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) _____
 - Number of overnights the joint children spend with me (per year)
 - i. Current order, judgment, or written agreement _____
 - ii. Proposed _____

unknown

2. Sources of income

Wages/Salary: (monthly, before taxes)		
\$ _____ per hour	_____ hours/week	
Subtotal A:		\$ _____

(Complete table below with monthly averages, before taxes. Explain "other" amounts)

Tips:		Bonuses/Commission:	
Workers Comp:		Interest:	
Social Security:		Annuity:	
Unemployment:		Trust:	
Disability:		Dividends:	
TANF:		Other:	
Other:		Other:	
Other:		Other:	
Expense reimbursement/per diem allowance that reduces personal living expenses:			
Subtotal B:			\$ _____

Gross monthly income TOTAL (add Subtotal A + B) \$ _____

3. Spousal/partner support

- a. Received by me (from anyone) \$ _____
- b. Paid by me (to anyone) \$ _____

4. Health insurance

- a. Premium to cover just me \$ _____

- b. Premium paid for joint children \$ _____
- c. Out of pocket medical costs paid for joint children \$ _____
- d. Subsidies received for health insurance costs \$ _____
- e. Oregon Health Plan (or other public health insurance) yes no

5. Other

- a. Union dues \$ _____
- b. Social Security or Veteran's Benefits received for children \$ _____
 - i. Person with disability is: child me other parent
- c. Childcare expenses for joint children (12 or younger) \$ _____
 - i. City or ZIP where child care is provided: _____
 - ii. Does anyone else share the cost of childcare? yes no
 - 1. 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.

Date

Signature

Name (printed)

Contact Address

City, State, ZIP

Contact Phone

(Serve the other party and all adult children who have not filed a Waiver of Further Appearance)

Certificate of Mailing

I certify that on *(date)*: _____ I placed a true and complete copy of this
Declaration and Attachment (if necessary) in the United States mail to *(name)*: _____
_____ at *(address)*: _____

Date

Signature

Name (printed)

Uniform Support Declaration Attachment

You must complete this attachment if either party seeks:

- spousal/partner 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:	

2. DEBTS:

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

Additional page attached

3. Total Fixed Costs + Monthly Debts = \$ _____

4. Other factors you want the court to consider: