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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,

Child Attending School.

Case No. _____
Judge Assigned: _____
_____'S UNIFORM SUPPORT
DECLARATION
OR CSP Case No. _____

1. Number of Children
 - a. Joint Minor Children _____
 - 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 (<i>monthly, before taxes</i>)		
\$ _____ 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:			

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) _____

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 childcare is provided _____

ii. Does anyone else share the cost of childcare? _____

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

Four (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

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- 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 CODE

CONTACT PHONE

UNIFORM SUPPORT DECLARATION ATTACHMENT

You must complete this attachment if either party seeks:

- Spousal/partner support **OR**
- Deviation from the Child Support Guidelines

There are 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:	
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. Medicine and Pharmaceutical – unreimbursed medical/dental costs	\$
G. Court/DHR-Ordered Support Payments in other cases	\$
TOTAL FIXED COSTS (A-G):	\$

2. DEBTS:

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Name of Creditor		Balance Due	Monthly Amount
A.		\$	\$
B.		\$	\$
C.		\$	\$
D.			
TOTAL PAYMENTS ON CONSUMER OBLIGATIONS (A-F):			

Additional page attached

3. TOTAL FIXED COSTS & MONTHLY DEBTS

\$ _____

4. **OTHER FACTORS:** Other factors that affect my income and expense or that should be considered (attach supporting documentation whenever possible).

Description		Monthly Amount
A.	Vacations	\$
B.	Gifts	\$
C.	Religious Contributions	\$
D.	Dues and Subscriptions	\$
E.	Club Memberships/Dues	\$
F.	Entertainment	\$
G.	Clothing/Dry Cleaning	\$
H.	Haircut/Personal Needs	\$
I.	Pet Expenses	\$
J.	Other Expenses:	\$
TOTAL OTHER PERSONAL EXPENSES:		

TOTAL: _____ \$

My (printed) Name is: _____
I am the «WeRepTitle1»