

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

Case No: _____

Petitioner
and

**UNIFORM SUPPORT
DECLARATION**

Respondent

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 _____

☐ unknown

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 _____

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 (monthly)

a. Received by me (from anyone) _____

\$ _____

b. Paid by me (to anyone) _____

\$ _____

4. Health insurance (*monthly*)
- 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 (*monthly*)
- 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? ☐ 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 (be sure to black out (redact) personal identifying information like Social Security Numbers, account numbers, and dates of birth)

- ☐ 4 most recent pay stubs
- ☐ Benefit statements (Social Security, SNAP, disability, etc.)
- ☐ 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

Email

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 Supplement (if necessary) in the United States mail to *(name)*: _____
_____ at *(address)*: _____

Date

Signature

Name (printed)

Uniform Support Declaration Supplement

You must complete this *Supplement* 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: <i>(averaged over the year)</i>	
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: _____
