

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_

In the Matter of ☐ the Marriage of: )

\_\_\_\_\_, )  
Petitioner, )

and )

\_\_\_\_\_, )  
Respondent. )

Case No. \_\_\_\_\_

☐ PETITIONER'S ☐ RESPONDENT'S  
AFFIDAVIT RESPONDING TO  
MOTION TO MODIFY JUDGMENT RE:  
☐ CUSTODY  
☐ PARENTING TIME  
☐ CHILD SUPPORT

STATE OF \_\_\_\_\_ )

County of \_\_\_\_\_ ) ss.

I, ☐ Petitioner ☐ Respondent, being first duly sworn, say that the following is true: I make this affidavit to respond to the motion to modify that has been filed.

1. ☐ I **disagree** with the following request(s) made by the other party to:

a. ☐ Change custody of the minor child/ren because: \_\_\_\_\_

b. ☐ Change the current court-ordered parenting time because: \_\_\_\_\_

c. ☐ Terminate ☐ Petitioner's ☐ Respondent's child support obligation due to the requested change in custody because: \_\_\_\_\_

d. ☐ Require ☐ Petitioner ☐ Respondent to pay cash child support in the amount of \$ \_\_\_\_\_ per month beginning \_\_\_\_\_, 20\_\_\_\_, because: \_\_\_\_\_

e. Require ☐ Petitioner and/or ☐ Respondent to maintain the following **private** health care coverage throughout the period of the support obligation for the benefit of the parties' child/ren (*describe type/s of coverage*): \_\_\_\_\_

because: \_\_\_\_\_

☐ PETITIONER'S ☐ RESPONDENT'S AFFIDAVIT RESPONDING TO MOTION TO MODIFY JUDGMENT

f. Require ☐ Petitioner ☐ Respondent ☐ Both Petitioner and Respondent to apply for and enroll the child/ren in **public** health care coverage if they are not currently enrolled because: \_\_\_\_\_

☐ and that **public** health care coverage should be maintained if the child/ren are currently enrolled or accepted for enrollment because: \_\_\_\_\_

g. Require ☐ Petitioner ☐ Respondent ☐ Both Petitioner and Respondent to provide appropriate **private** health care coverage when such coverage becomes available to them through any source because: \_\_\_\_\_

h. Require ☐ Petitioner to pay \_\_\_\_\_% ☐ and Respondent to pay \_\_\_\_\_% of the uninsured HEALTH, ACCIDENT, DENTAL, ORTHODONTIC, AND OPTICAL HEALTH costs incurred by the child/ren because: \_\_\_\_\_

i. ☐ Require ☐ Petitioner ☐ Respondent to obtain and maintain life insurance for the benefit of the parties' child/ren throughout the period of the support obligation because: \_\_\_\_\_

j. Require ☐ Petitioner ☐ Respondent ☐ Both Petitioner and Respondent to pay cash medical support to the other because: \_\_\_\_\_

k. That court costs and service fees be paid by ☐ Petitioner ☐ Respondent ☐ Other ☐ Each Party be responsible for paying his or her own court costs and services fees because: \_\_\_\_\_

l. Other: \_\_\_\_\_  
because: \_\_\_\_\_

2. I would **agree** to the following orders: \_\_\_\_\_

3. **Information Required by the Uniform Child Custody Jurisdiction and Enforcement Act.**

List the places where the minor child/ren of the parties have lived in the last five years and the names of the people they lived with at that time.

Dates	County, State	Parent(s)/Caretaker	Current Address/Contact Address of Parent/Caretaker	Which Children

Dates	County, State	Parent(s)/Caretaker	Current Address/Contact Address of Parent/Caretaker	Which Children

☐ Additional page attached; see section labeled "UCCJEA Information Continued."

I ☐ have ☐ have not participated in any litigation concerning the custody, visitation, parenting time or placement of the child/ren in this or any other state. I have participated in the following litigation:

Name of Court	State	Case No.	Date	Result

I do not know of any other domestic violence, custody, visitation, parenting time or placement proceeding involving the child/ren, or of any other agency proceeding or court case which could affect this case, previously filed or currently pending in this or any other state ☐ except for: \_\_\_\_\_

*(identify agency or court, case number, date filed, and kind of proceeding)*

I do not know any person other than petitioner who has physical custody of the child/ren or who claims to have custody, visitation or parenting time rights ☐ except for: \_\_\_\_\_

*(list name and address)*

**Certificate of Document Preparation.** You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- ☐ I selected this document for myself and I completed it without paid assistance.  
☐ I paid or will pay money to \_\_\_\_\_ for assistance in preparing this form.

☐ Petitioner ☐ Respondent, Signature

Print Name

Address or Contact Address

City, State, Zip Telephone or Contact Telephone

SIGNED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Public for \_\_\_\_\_/Court Clerk  
My Commission Expires: \_\_\_\_\_

☐ PETITIONER'S ☐ RESPONDENT'S AFFIDAVIT RESPONDING TO MOTION TO MODIFY JUDGMENT

I certify that this is a true copy. \_\_\_\_\_

☐ Petitioner    ☐ Respondent, Signature