

CHILD SUPPORT PROCESSES OPTIONS FOR CANADA

APPENDIX J

STATE OF OREGON, DEPARTMENT OF JUSTICE

By the Administrator, Support Enforcement Division

County: _____

Court #: _____

DHR No. _____

PARTIES TO THIS ACTION: State of Oregon,

[] AMENDED

STATE'S MOTION FOR MODIFICATION AND PROPOSED ORDER

Pursuant to ORS 25.287 and/or 416.425, the Administrator of the Support Enforcement Division (SED) FINDS and NOTIFIES you that this motion for modification and proposed order will be entered unless a party objects in writing within 30 days of receipt of this paper. To object to the entry of this order, refer to the procedures listed on this motion.

This action is taken because:

- [] More than two years have passed since the entry of the order, the case is subject to review for compliance with the Child Support Guidelines (OAR 137-50-320 through 137-50-490), and the order is not in compliance with the guidelines.
- [] The attached request for review for change of circumstances modification has been received.
- [] The support order dated _____, requiring _____ to pay \$ _____ each month in child support is modified to require that effective _____ support payments be reduced to zero for the following dependent child(ren) as _____ has physical custody of the child(ren):
- [XX] The support order dated _____, requiring _____ to pay \$ _____ each month in child support is modified as follows: _____ shall pay the sum of \$ _____ per month beginning _____ for the support of the minor child(ren):
- who is/are in the custody of _____ shall pay by check or money order to the Department of Human Resources, P.O. Box 14506, Salem, Oregon 97309, unless the payments are being withheld by _____'s employer.
- The guideline amount is \$ _____, as shown on the attached support computation worksheet. That amount
- [] has not been rebutted.
- [] is rebutted by the following findings: _____
- [] Support payments are due each month until all child(ren) is/are age 18, or age 21 if regularly attending school, or become married, emancipated or until further order of the administrator or a circuit court judge.
- [] Support payments are due each month so long as the child(ren) is/are residing in a state financed or supported residence, shelter or other facility or institution, or until further order of the administrator or a circuit court judge. If the child(ren) is/are not residing in a state financed or supported residence, shelter or other facility or institution, support payments shall be suspended.

- _____ shall begin/continue to enroll _____ in any health insurance plan available at no cost on a group basis or through _____'s employer or union.
- _____ shall provide health care coverage for the child(ren) whenever such coverage is available on a group basis or through an employer or union, at a cost not to exceed the amount of child support calculated pursuant to the formula established in ORS 25.275.
- _____ shall provide health care coverage for the child(ren) whenever such coverage is available on a group basis or through an employer or union.
- No health insurance coverage for the child(ren) is ordered.

You must tell the enforcing agency within 10 days when your address or employer changes, and the party who has been ordered to provide health insurance must advise the enforcing agency if insurance is available at reasonable cost and if so, the health insurance policy information.

Date _____

 Authorized Representative for the State

FINAL ORDER

- No request for hearing having been received in the time allowed,
- The request for hearing having been dismissed or withdrawn,

this order is ENTERED as a final order, with the addition of the statistical information below required by ORS 25.020. This order supersedes the support amount(s) set in any other previously entered Oregon administrative order and is subject to review for compliance with the child support guidelines two years from the date the order is signed.

Date _____

 Authorized Representative for the State

STATISTICAL INFORMATION

OBLIGOR INFORMATION:

Name: _____ SSN: _____
 Address: _____
 Employer and Address: _____

OBLIGEE INFORMATION:

Name: _____ SSN: _____
 Address: _____

This document is an exact and complete copy

CONTACT:

Support Enforcement Division
 Phone: () _____
 TDD: (503) 378-5839

PLEASE READ THE ATTACHED AND INCORPORATED INFORMATION CAREFULLY FOR IMPORTANT INFORMATION ABOUT YOUR RIGHTS AND ABOUT HOW TO TAKE CARE OF THIS MATTER.