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IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF WASHINGTON
Family Law Department

In the Matter of the Marriage of:

,

Petitioner,

and

,

Respondent.

Case No.

PETITIONER'S UNIFORM SUPPORT
DECLARATION

SUMMARY INFORMATION - COMPLETE THIS PAGE LAST

After completing Sections 1 through 5 below, insert the information and/or total **MONTHLY** amounts in this Summary Information section.

Date of Completion: _____, 2010

| | | |
|----|---|--|
| 1. | Number of joint minor children from this relationship | |
| 2. | Number of joint children from this relationship who are over 18 but under 21 and are attending school: | |
| 3. | Number of non-joint additional children: | |
| 4. | Gross monthly income from all sources: | |
| 5. | Receiving Temporary Assistance for Needy Families? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Child(ren) on Oregon Health Plan/Healthy Kids or other public health plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Social Security or Veteran's benefits received for child(ren): Person with disability is: <input type="checkbox"/> Child <input type="checkbox"/> Me <input type="checkbox"/> Other parent | |
| 8. | Spousal Support RECEIVED by you: | |