

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

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:	