

Petition for de Novo Review of Child Support Program Administrative Order and Instructions

STEP 1

Fill out the **Petition for de Novo Review of Administrative Order (Petition)** completely.
Attach a copy of the administrative order to the Petition.

STEP 2

Make three (or more) copies of the Petition and administrative order (one to mail to the administrative agency, the second to mail the other party, and the third to keep for your records).

STEP 3

Mail a copy of the **Petition** to the **administrative agency** that initiated the case (this will be either the DOJ Division of Child Support or the Family Law Division of the district attorney's Office), and to the **other party** using regular first class mail. **Then fill out the Certificate of Mailing form.**

If there are any other parties to your order, such as a caretaker for one or more children or an 18, 19, or 20 year-old child, you must also mail a copy of the **Petition** to them and include them in the **Certificate of Mailing form.**

STEP 4

File the original Petition and Certificate of Mailing with the court. There is a filing fee for this court action. Check with the court clerk for the current fee schedule. You may ask the court to waive or defer payment of this fee by filing an Application for Waiver or Deferral of Fees that you can get from the court.

STEP 5

Attend all hearings. If you do not receive notice of a hearing, check with the court to find out the status of your **Petition.**

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

STATE OF OREGON,)
)
 Petitioner,)
) Court Case No.: _____
)
 v.) CSP Case No.: _____
)
)
 _____,) **PETITION FOR DE NOVO REVIEW OF**
 Obligor,) **ADMINISTRATIVE ORDER [ORS 25.513(6)]**
)
)
 and)
)
)
 _____,)
 Obligee,)
)
)

I am the Obligor Obligee in the above referenced action.
I request a hearing de novo to appeal all or part of the Administrative Child Support Order dated
_____, a copy of which is attached.
The administrative Child Support Order was filed with the court on
(date month/day) _____, 20 ____.
Not more than 60 days have passed since the Administrative Child Support Order was filed
with the court.
I request this appeal for the following reasons:

1 I will will not be represented by an attorney at the hearing.

2 Attorney Name: _____

3 **Notice of the time and place of the hearing can be mailed to me at the address given**
4 **below.**

5 _____
6 Dated

7 _____
8 Signature of Obligor Obligee

9 _____
10 Print Name

11 _____
12 Address or Contact Address City/State/Zip Telephone or Contact Telephone

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

STATE OF OREGON,)	
)	
Petitioner,)	Court Case No.: _____
)	
v.)	CSP Case No.: _____
)	
_____)	
Obligor,)	CERTIFICATE OF MAILING
)	
and)	
)	
_____)	
Obligee,)	
)	

I certify that on (month/day)_____, 20_____, I placed a true copy of the *Petition for De Novo Review of Administrative Order [ORS 25.513(6)]* in the above case in the United States mail addressed to the Administrative Agency initiating the case (check one):

- Oregon Department of Justice Division of Child Support
- _____ County District Attorney's Office

at:

Address	City, State	Zip Code
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in a sealed envelope with first class postage fully prepaid.

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I certify that on (date month/day) _____, 20_____, I placed a true copy of the *Petition for De Novo Review of Administrative Order [ORS 25.513(6)]* in the above case in the United States mail addressed to:

(Name of the other Party)

Address

City, State

Zip Code

in a sealed envelope with first class postage fully prepaid.

I certify that on (date month/day) _____, 20 _____, I placed a true copy of the *Petition for De Novo Review of Administrative Order [ORS 25.513(6)]* in the above case in the United States mail addressed to:

(Name of the other Party)

Address

City, State

Zip Code

in a sealed envelope with first class postage fully prepaid.

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 and I am subject to penalty for perjury.

Date

Signature { Obligor Obligee }

Printed Name

Contact Address

City / State / Zip

Contact Phone