

# **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 copies of the Petition and order** (one to mail to the administrative agency, the second to mail to the other parent, 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 Division of Child Support or the Family Law Division of the District Attorney's Office), and to the **other parent** using regular first class mail. **Then fill out the Certificate of Mailing form.**

### **STEP 4**

**File both 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*"

### **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,	)	Court Case No.: _____
	)	
Petitioner,	)	CSP Case No.: _____
	)	
v.	)	<b>PETITION FOR DE NOVO REVIEW OF</b>
	)	<b>ADMINISTRATIVE ORDER [ORS</b>
_____	)	<b>25.513(6)]</b>
	)	
Obligor,	)	
	)	
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 (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

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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,	)	Court Case No.: _____
	)	
Petitioner,	)	CSP Case No.: _____
	)	
v.	)	<b>CERTIFICATE OF MAILING</b>
	)	
_____	)	
	)	
Obligor,	)	
	)	
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

In a sealed envelope with first class postage fully prepaid.

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