

STATE OF OREGON, Child Support Program, by the Administrator (ORS 25.010)

County:

Court #:

CSP #:

Participants:

, Obligor

, Obligee

, Other party (if any)

Children:

(Child Attending School – if any),

(Adult Child – if any)

School Status Child Attending School

Child Support Case #:

Child's Full Name:

Child's Date of Birth:

This form must be completed by the child attending school prior to turning 18 and any time there is a change in the information listed below. You must also send a copy of the completed form to the paying parent unless you have an Order for Non-Disclosure on the case.

If you are in an unsafe situation, the Oregon Child Support Program can take precautions to protect you while continuing to provide you with services. For more information, contact the Child Attending School Team.

Mark all that apply:

I am married as of: Month Day Year

I am on active military duty as of: Month Day Year

I am **not** attending school

I am currently attending school and on a regularly scheduled break

Name of school:

Student ID:

I expect to graduate from, or stop attending this school on: Month Day Year

I understand my child support will be suspended as of this date if:

- I have not indicated below that I will attend a different school after I graduate.
- I stop attending this school.

After I graduate, or stop attending the school listed above, I will:

Not be attending school

Attend a different school (All sections below must be completed.)

Name of next school:

Student ID:

Date classes begin: Month

Day

Year

I expect to graduate from, or stop attending, this school on: Month

Day

Year

A school name is required. I understand if I do not provide information about the next school I plan to attend, my child support will be suspended as of the date I expect to graduate from, or stop attending, my current school. If I have not decided which school I will be attending next or if my plans change, I will submit a new form with the new school information prior to the date I graduate from or stop attending my current school.

Note: If an Order of Nondisclosure exists on the case, we will remove any identifying information (such as your student ID and the name of your school) from the documents provided to the paying parent.

I certify the information in this form is true and correct to the best of my knowledge.

Date

Signature _____

Submit the completed form through your online account, or send by mail, email, or fax to:

Oregon Child Support Program
PO Box 14680
Salem, OR 97309
Phone: **503-986-5137**
Fax: 503-986-0543
Email: ChildSupportCAST@doj.oregon.gov

English	Need another language? Contact us.
French	Avez-vous besoin d'une autre langue? Communiquez avec nous.
German	Sie benötigen eine andere Sprache? Kontaktieren Sie uns.
Russian	Предпочитаете другой язык? Свяжитесь с нами.
Somali	Ma u baahan tahay luqad kale? Na la soo xiriir.
Spanish	¿Necesita otro idioma? Contáctenos.
Vietnamese	Quý vị có cần dùng ngôn ngữ khác không? Hãy liên lạc với chúng tôi.

The Oregon Child Support Program provides services for the State of Oregon. We cannot represent you or give you legal advice. You may contact your own lawyer at any time. Low-cost legal services may be available. For information, you may visit our website at OregonChildSupport.gov.