Instructions for completing the Motion and Declaration for Income Withholding Order – Spousal or Partner Support

3		
4	IN THE CIRCUIT	IT COURT OF THE STATE OF OREGON
5	FOR _	1 COUNTY
6	In the Matter of 2	_
7	4	Court Case No: 3
8	Petitioner,	
ę	and	EX PARTE MOTION AND DECLARATION FOR INCOME
10	5,	WITHHOLDING ORDER – SPOUSAL OR PARTNER
11	Respondent.	SUPPORT
12		

Match the numbers with the corresponding instruction after each image.

1. Insert the name of the county where your judgment or support order is filed.

2. Complete this sentence as it appears on your judgment or support order. Example: *In the Matter of the Marriage of.*

3. Insert the court case number for your judgment or support order.

4. Insert the name of the petitioner. This will be the person one who filed for or initiated the judgment or support order. The other person will be the Respondent. Review your judgment or support order to identify your role and the other person's role. The names and roles should match the first page of your judgment or support order.

5. Insert the name of the respondent.

Note: If you are identified as Co-Petitioners, you will need to adjust these forms accordingly. You may need to cross out the roles and identify yourself and the other person by name or use the term co-petitioner.

14	MOTION
15	I am the Detitioner Respondent in this case.
16	I ask the court to issue an order requiring ⁸ to withhold spousal or
17	partner support from any wages or income owed to
18	10 All money withheld shall be made payable to me and □ mailed to the following address:
19	11
20	
21	
22	12 □ transferred to me electronically. I want the employer to contact me to set up an electronic funds
23	transfer.

6. If your role is Petitioner, mark this box.

7. If your role is Respondent, mark this box.

8. Insert name of employer for the person who owes spousal support.

9. Insert name of the person who owes spousal support.

10. If you want payments to be mailed to you, mark this box.

11. Insert the mailing address where payments should be sent. This should be an address that is safe for others to have and that you check frequently. If you do not have a safe address to provide, you may want to contact an attorney or licensed paralegal or request payments be transferred to you electronically.

12. If you want payments to be transferred to you electronically, mark this box.

5	Declaration 13
6	The following facts support my Motion for Income Withholding.
7	to comply with the terms of the order or judgment as follows: (Explain and provide amounts and
8	dates.)
9	I have a support order of \$14 per month. My order was signed on 15.
10	A copy of the pages showing that money award and judicial signature is attached, labeled "Exhibit
11	1." No court or agency order has changed that amount.
12	The paying party is at least one month in arrears. The current amount of arrears is: \$_16
13	

13. Mark the box for the role of the person who owes spousal support.

Note: If your roles are as co-petitioners, cross out the role and replace with the name of the person who owes support.

14. Insert the current monthly spousal support amount (i.e., 500.00)

15. Insert the date your judgment or support order was signed by a judge.

16. Insert the amount of arrears that are owed to you. This is the past-due amount. To use these forms, you must be owed more than one month of past-due support.

14	Submitted by: Petitioner Respondent Attorney for Petitioner or Respondent			
15	18	19		
16	Date	Signature		
17		20		
	OSB # (attorneys only)	Name (printed)	
18	21	22	23	
19	Contact Address	City, State, ZIP	Contact Phone	
20				

17. Mark the box according to your role.

- **18.** Insert todays date.
- **19.** Your signature goes here.

Instructions for Completing the Forms (Motion and Declaration for Income Withholding, or Order Re: Income Withholding) **20.** Print your name.

21. & 22. Insert your contact address. This should be an address that is safe for others to have and that you check frequently. It can be different then the payment address if that is needed.

23. Insert your contact phone number. This should be a safe phone number for others to have. If you want your payments transferred to you electronically, the employer may call you at this number. Court staff may also need to call you.

Instructions for completing the Order Re: Income Withholding – Spousal Support

IN THE CIRCUIT COURT OF THE STATE OF OREGON		
	FOR 1	COUNTY
In the Matter of 2		-
4		, Court Case No: <u>3</u>
	Petitioner,	
and 5		ORDER RE: INCOME WITHHOLDING — - SPOUSAL SUPPORT
	Respondent.	ST OUGAE SUIT ORT

1. Insert the name of the county where your judgment or support order is filed.

2. Complete this sentence as it appears on your judgment or support order. Example: *In the Matter of the Marriage of.*

3. Insert the court case number for your judgment or support order.

4. Insert the name of the petitioner. This will be the person one who filed for or initiated the judgment or support order. The other person will be the Respondent. Review your judgment or support order to identify each person's role. The names and roles should match the first page of your judgment or support order.

5. Insert the name of the respondent.

Note: If you are identified as Co-Petitioners, you will need to adjust these forms accordingly. You may need to cross out the roles and identify yourself and the other person by name or use the term co-petitioner.

The motion to withhold spousal support is:			
6 □ denied			
□ granted.			
THIS ORDER IS DIRECTED TO:			
7			
Your Employee: <u>8</u>			
Social Security Number (last 4): 9	Year of Birth: 10		
THE COURT FINDS:			
11	owes spousal or partner support to Petitioner		
□ Respondent, 13	. This obligation is based on an		
order or judgment issued on			
in County, Orego	on.		
The existing monthly spousal support obligation is \$	16 The paying party is		
at least one month in arrears. The current amount in arrears is \$_17			
□_ <mark>18</mark>			

6. Leave this section blank. The judge will mark the appropriate box based on their decision. If they deny the motion, they will use the blank line to explain why.

7. Insert name of employer for the person who owes spousal support.

8. Insert name of person who owes spousal support.

9. Insert the last four digits of the Social Security number for the person who owes spousal support. If they have a common name, the employer will need this to identify the appropriate employee. If you do not know this, leave it blank.

10. Insert the year of birth for the person who owes spousal support. If the person has a common name, the employer will need this to identify the appropriate employee. If you do not know this, leave it blank.

11. Insert name of person who owes spousal support.

12A. & 12B. Mark the box according to your role, or the role of the person who is owed spousal support.

6

13. Insert your name or name of the person who is owed spousal support.

14. Insert the date your judgment or support order was signed by a judge.

15. Insert the name of the county where your judgment or support order is filed.

Instructions for Completing the Forms (Motion and Declaration for Income Withholding, or Order Re: Income Withholding) **16**. Insert the current monthly spousal support amount (i.e., *500.00*)

17. Insert the amount of arrears that are owed. This is the past-due amount. To use these forms, you must be owed at least one month of past-due support.

18. Insert any other finding the court may need to make.

THE COURT ORDERS WITHHOLDING AS FOLLOWS: Beginning no later than five days after the first payday following receipt of this Order, and within seven business days of each pay date, thereafter: 1. Withhold \$_19 per month for current support and arrears (current support amount plus 20 percent for payment on arrears) as set out in Oregon law. If the pay cycle is other than monthly, withhold a pro-rated amount for each period as indicated in the table below. A copy of ORS 25.414 is attached for reference, labeled "Exhibit 1", and incorporated by reference. Monthly Semi-Monthly (2 times per month) 19B 19 19A 19B 19C 20 Exhibit 1 available.							
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2. Remit payment to the recipient by check to the address below, or by electronic funds		Monthly			Weekly		
		19	19A	19B	19C		
	2.						

19. Insert the Monthly amount to withhold as calculated using the <u>Income Withholding Calculator</u> found on the Oregon Child Support Program website @ <u>OregonChildSupport.gov</u> under Calculators & Laws. This should be the amount found in cell D3 (120% of the monthly court ordered amount)

19A. Insert the Semi-Monthly amount to withhold as calculated using the <u>Income Withholding</u> <u>Calculator</u>. This should be the amount found in cell D4.

19B. Insert the Bi-Weekly amount to withhold as calculated using the <u>Income Withholding Calculator</u> This should be the amount found in cell D5.

19C. Insert the Weekly amount to withhold as calculated using the <u>Income Withholding Calculator</u>. This should be the amount found in cell D6.

Instructions for Completing the Forms (Motion and Declaration for Income Withholding, or Order Re: Income Withholding) 20. Insert the mailing address where payments should be sent. This should be an address that is safe for others to have and that you check frequently. If you do not have a safe address to provide, you may want to contact an attorney.

IT IS ALSO ORDERED THAT: If any additional information is needed by Employer to comply with this order, Employer shall contact the recipient at the address above or at the phone number provided by the recipient. If Employer is able or wants to set up electronic funds transfer, employer shall contact the recipient at the address above or at the phone number provided by the recipient. The recipient or their agent shall notify Employer when, for any reason known to recipient, the amount required to be withheld is to be reduced or discontinued. Judge Signature: Leave this section blank. This is where the judge will sign and date. Certificate of Readiness This proposed order is ready for judicial signature because service is not required under UTCR 5.100 because this order is submitted ex parte as allowed by statute or rule. 24 Submitted by: Petitioner Respondent 22 23 Signature Print Name

- 21. Mark the box according to your role.
- 22. Your signature goes here.
- 23. Print your name.