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| 4 | IN THE CIRCUIT COURT OF THE STATE OF OREGON | | | |
| 5 | FOR | COUNTY | | |
| 6 | In the Matter of | | | |
| 7 | | Court Case No: | | |
| 8 | Petitioner, | | | |
| 9 | and | EX PARTE MOTION AND DECLARATION FOR INCOME | | |
| 10 | , | WITHHOLDING ORDER – SPOUSAL OR PARTNER | | |
| 11 | Respondent. | SUPPORT | | |
| 12 | | | | |
| 13 | | | | |
| 14 | MOTION | | | |
| 15 | I am the □ Petitioner □ Respondent in this case. | | | |
| 16 | I ask the court to issue an order requiring to withhold spousal or | | | |
| 17 | partner support from any wages or income owed to | | | |
| 18 | All money withheld shall be made payable to me and \square mailed to the following address: | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | \Box transferred to me electronically. I want the employer to contact me to set up an electronic funds | | | |
| 23 | transfer. | | | |
| 24 | | | | |
| 25 | | | | |
| 26 | | | | |

| 1 | Points and Authorities | | |
|----|--|------------------------|---------------|
| 2 | ORS 25.378 provides that when a party is subject to a support order and fails to make support | | |
| 3 | payments equal to at least one month of support, the court shall initiate income withholding without | | |
| 4 | the need for a hearing and without advance notice to the paying party. | | |
| 5 | Declaration | | |
| 6 | The following facts support my Motion for Income Withholding. \Box Petitioner \Box Respondent failed | | |
| 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 \$ | per month. My order wa | as signed on |
| 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: \$ | | |
| 13 | | | |
| 14 | Submitted by: \square Petitioner \square Respondent \square Attorney for Petitioner or Respondent | | |
| 15 | | | |
| 16 | Date | Signature | |
| 17 | OSB # (attorneys only) | Name (printed) | |
| 18 | col m (anome) comy) | (6 | |
| 19 | Contact Address | City, State, ZIP | Contact Phone |
| 20 | | | |
| 21 | | | |
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