

STATE OF OREGON
Marion County Circuit Courts
JUL 31 2013
ENTERED

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FILED

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

Verified Correct Copy of Original 12/2014

In the Matter of the Marriage of:)

Veronica A Navarro)
Petitioner,)

and)

Ramiro Jr Navarro)
Respondent.)

and)

Ramiro Jr Navarro III)
Child who is at least 18 and under 21 years)
of age and unmarried. (ORS 107.108))

Case No. 13CB2213

PETITION FOR DISSOLUTION OF MARRIAGE/
DOMESTIC PARTNERSHIP

FILING FEES AT ORS 21.155 (MARRIAGE)
AND ORS 21.135 (RDP)

CLAIM SUBJECT NOT SUBJECT TO
MANDATORY ARBITRATION

13C32263
PT
Petition
1732413



1. Date of marriage/domestic partnership March 21st, 2009. Place of marriage/domestic partnership:
Marion, Oregon (County, State).

2. Irreconcilable differences between the parties have caused the irremediable breakdown of their marriage/domestic partnership.

3. **Statement of Residency:**
Spouses: One or both of the parties to this case currently live in the county in which this petition is being filed.
Domestic Partners: One or both of the parties to this case currently live in the county in which this petition is being filed, or neither party currently resides in Oregon but I certify that this petition is filed in the county where Petitioner or Respondent last resided.

4. Spouses Only: The Petitioner Respondent is an Oregon resident and has continuously resided in Oregon for the past six months.

5. By filing this petition, I acknowledge that I am bound by the terms of the statutory restraining order prohibiting either party from disposing of marital/domestic partnership assets, a copy of which I have received and read, and understand that this restraining order is effective immediately upon service of this Petition and the Summons upon the Respondent.

6. Children Born to Both Parties.

Name	Date of Birth	Social Security No.	Address
Ramiro Jr Navarro III	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	undisclosed
	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	
	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	

Additional page attached; labeled "Paragraph 6 continued."

Petitioner Respondent is pregnant. Petitioner Respondent is is not the parent of this child.
 The expected date of the child's birth is _____
 Neither party is now pregnant.

7. Child/ren Born During Marriage/Domestic Partnership.

List any child/ren born during the marriage/domestic partnership that spouse/domestic partner is not the parent of, and that were not conceived when husband and wife/domestic partners were living together: _____

(Name(s) and Years(s) of birth)

8. UCCJEA Information.

The child/ren listed above has/have continuously resided in Oregon for the six months preceding the filing of this case. List the places where the minor child/ren of the parties has/have lived in the last five years and the names of the people they lived with at that time.

Dates From/To	County, State	Parent(s)/Caretaker	Current Address/Contact Address of Parent/Caretaker	Which Children
2008-2013	Maion, OR	Veronica A Navaro	313 Hollyhock Pl N Keizer, OR 97303	Ramiro Jr Navarro III

Additional page attached; see section labeled "paragraph 8 continued."

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I have have not participated in any litigation concerning the custody, visitation, parenting time or placement of the child/ren in this or any other state. I have participated in the following litigation:

Name of Court	State	Case No.	Date	Result

I do not know of any other domestic violence, custody, visitation, parenting time or placement proceeding involving the child/ren, or of any other court case which could affect this case, pending in this or any other state except for: _____

(Identify court, case number and the kind of proceeding)

I do not know any person other than my spouse/domestic partner who has physical custody of the child/ren or who claims to have custody, visitation or parenting time rights except for: _____

(List name and address)

9. Parenting Plan (Custody and Parenting Time).

Custody of the child/ren should be awarded as follows:

Petitioner should be awarded sole custody of the following child/ren (list names): Ramiro Jr
Navarro III

Respondent should be awarded sole custody of the following child/ren (list names): _____

The parties have agreed to joint custody of the following child/ren (list names): _____

Petitioner Respondent should have parenting time with the child/ren as set forth in the attached Parenting Plan, labeled Exhibit 1, or Other: _____

Petitioner Respondent should not be granted parenting time because this would endanger the health and safety of the child/ren. State supporting facts: _____

Parenting time should be supervised by reside be selected by residential parent

Any cost of the supervision shall be paid by Petitioner Respondent Other: _____

Petitioner and Respondent should each provide contact addresses and contact telephone numbers to the other and notify each other of any emergency circumstances or substantial changes in the child/ren's health.

Petitioner should be allowed to move more than 60 miles further distant from the other parent without advance notice because good cause exists.

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10. Child Support, including Health Care Coverage and Cash Medical Support.

A. Other Pending Child Support Cases. (Check one.)

No other agency or court child support proceeding is currently pending (include any child support matter being heard as part of a dissolution, separation, annulment, paternity, support or modification case).

There is/are other child support proceeding(s) currently pending in either an agency or court case as set forth in the CERTIFICATE RE: PENDING CHILD SUPPORT PROCEEDING and/or EXISTING CHILD SUPPORT ORDER attached to this petition.

B. Other Child Support Orders. (Check one.)

No other child support orders, from an agency or court, are currently in effect in the State of Oregon or any other state.

There is/are other child support orders from an agency or court as set forth in the CERTIFICATE RE: PENDING CHILD SUPPORT PROCEEDING and/or EXISTING CHILD SUPPORT ORDERS/JUDGMENTS attached to this petition.

C. Currently Effective Child Support Order. (Check any that apply.)

The following child support order/s is/are currently in effect: _____

(List state, court/agency, case number, date of order)

This order should remain in place and includes provisions for medical support for the child/ren, or

This order is from an Oregon court or agency, one of the parents or the child/ren receiving support still resides in Oregon and the order should be changed because circumstances have changed since the last order was entered.

State facts showing how circumstances have changed: _____

D. Cash Child Support.

Complete either (1) or (2) below:

(1) Cash child support should be paid by Petitioner to Respondent or Respondent to Petitioner:

In the amount of \$ 360 for 1 children. This is the amount presumed correct under the Oregon child support guidelines. or

In the amount of \$ _____ for _____ children. The amount of support presumed correct under the Oregon child support guidelines, \$ _____, would be unjust or inappropriate for the following reasons: _____

(The reasons must also be shown on the support worksheets you attach to this petition.) or

In an amount to be determined under the Oregon child support guidelines before judgment.

The judgment entered in this case should require Petitioner Respondent to pay cash child support beginning on:

The first (or _____) day of the month following the date of the judgment and continuing on the same day of each month thereafter. or

The date Respondent was served with this petition and continuing on the same day of each month thereafter.

(2) No cash child support is ordered in this judgment because:

An order, including medical support, for child support in the monthly amount of \$ _____ has already been ordered in Circuit Court case number _____ in _____ County, Oregon.

Other reason: _____

E. Medical Support. Complete section (1) or (2) below. Also complete section (3) or (4) below.

Complete (1) or (2):

(1) **Private Health Care Coverage is Appropriate and Available.**

Petitioner Respondent Both Petitioner and Respondent has/have appropriate private health care coverage available for the parties' child/ren through an employer, spouse, domestic partner or other source. Petitioner Respondent Both Petitioner and Respondent should be required to obtain and maintain this coverage throughout the period of the support obligation for the benefit of the parties' child/ren.

Health care coverage has already been ordered in another case as described in paragraph D(2) above.

(2) **No Private Health Care Coverage is Appropriate or Available.**

Neither Petitioner nor Respondent has appropriate private health care coverage available for the parties' child/ren. Petitioner Respondent Both Petitioner and Respondent should be ordered to provide appropriate private health care coverage for the child/ren when such coverage becomes available to them at a reasonable cost through any source.

The custodial parent should enroll the child/ren in public health care coverage.

The child/ren are currently enrolled in public health care coverage.

Complete (3) or (4):

(3) **Cash Medical Support Should Be Ordered.**

Because the parent receiving cash child support is ordered to maintain private health care coverage and the parent paying cash child support is not, in addition to cash child support

Petitioner Respondent should pay \$ ~~48.00~~ for cash medical support to

Petitioner Respondent, or

Neither parent has appropriate private health care coverage available for the parties' child/ren. Petitioner should pay cash medical support in the monthly amount of \$ _____ to Respondent. Respondent should pay cash medical support in the monthly amount of \$ _____ to Petitioner.

(4) **Cash Medical Support Should Not Be Ordered.**

- Cash medical support should not be ordered for the following reasons:
 - The parent paying cash child support is also providing health care coverage.
 - Petitioner's Respondent's gross monthly income is at or below the Oregon minimum wage for full-time employment.
- I am requesting that the parties share the cost of the child/ren's uninsured medical expenses (see paragraph F. below).
- Other reason: _____

All payments of child support should be made to the Department of Justice, Child Support Accounting Unit, P.O. Box 14506, Salem, Oregon, 97309 by electronic payment withdrawal (EPW) or electronic funds transfer (EFT). In addition, support for a child attending school (between the ages of 18 and 21) as defined by Oregon law shall be distributed by the Department of Justice directly to the child subject to ORS 107.108.

(Applies only if support enforcement services are not being provided.)
Petitioner requests an exception to the income withholding requirement of ORS 25.378 allowing payment to be made directly to Petitioner's Respondent's checking or savings account. A receipt of deposit should be kept by the parent paying support as proof of payment. The parent receiving support should provide the paying parent with current deposit slips and/or bank name, account name, and account number.

F. **RESPONSIBILITY FOR UNINSURED HEALTH EXPENSES.**

Petitioner should pay 50% and Respondent should pay 50% of the reasonably incurred uninsured HEALTH, ACCIDENT, DENTAL, ORTHODONTIC, AND OPTICAL HEALTH costs incurred by the child/ren. This obligation is in addition to any cash medical support ordered.

G. **LENGTH OF CHILD SUPPORT.**

Unless the child becomes self-supporting, emancipated, or married:

- The support ordered in paragraphs D., E., and F. above for each child shall continue until the child reaches eighteen (18) years of age.
- The support ordered in paragraphs D., E., and F. above for each child shall continue until the child reaches age 21 if the child qualifies for support as a child attending school as defined by Oregon law.

H. **TAX DEPENDENTS.** (Check one.)

Petitioner Respondent shall be entitled to claim the following child(ren) as dependent(s) for tax purposes beginning the year this judgment is entered (list names): Ramiro Jr Navarro

III
OR

Other (specify): _____

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11. Life Insurance Coverage for Child/ren.

Petitioner Respondent should obtain and maintain life insurance for the benefit of the parties' child/ren throughout the period of the support obligation. The coverage should be in the amount of

\$ _____

12. Additional Provisions. _____

Additional page attached; labeled "Paragraph 12 Continued - Additional Provisions."

13. Spousal Support and Life Insurance.

No spousal support or spousal life insurance claims are made in this case.

Additional page attached, see Page 5a labeled "Spousal Support and Life Insurance."

14. Real Property.

Neither Petitioner nor Respondent has any interest in any real property located in this or any other state.

Petitioner Respondent has/have an interest in real property located at the address of: _____

This property should be distributed: equitably, or as follows: _____

Additional page labeled "Paragraph 14 - Real Property Distribution continued" attached.

The legal description of the real property is attached as Exhibit _____ and incorporated in this petition.

Distribution of this property is not within the jurisdiction of this court.

15. Personal Property (including motor vehicles).

The Petitioner and Respondent have divided between them all personal effects, household goods, and other personal property they own separately or together, and neither should claim those items now in possession of the other.

The Petitioner should be awarded: an equitable distribution of the parties' personal property, or

the following personal property: _____

Additional page labeled "Paragraph 15 - Petitioner's Personal Property Distribution continued" attached.

The Petitioner should be awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred-compensation plan, and /or stock option plan held by Petitioner's employer, free of any interest in the Respondent.

The Respondent should be awarded: an equitable distribution of the parties' personal property, or

the following personal property: _____

Additional page labeled "Paragraph 15 Respondent's Personal Property Distribution continued" attached.

The Respondent should be awarded his/her retirement benefits, pension plan, profit-sharing plan, deferred-compensation plan, and/or stock option plan held by Respondent's employer, free of any interest in the Petitioner.

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16. Distribution of Debts.

There are no outstanding debts of this marriage/domestic partnership.

The debts should be paid as follows:

Name of Creditor (who debt is owed to)	What debt is for	Amount	Who should pay (Petitioner or Respondent)

Additional page attached, labeled, "Paragraph 16 continued".

Each spouse/domestic partner should be responsible for the payment of all debts incurred by him/her individually since the date of their separation; all debts which are distributed to him/her by the court; and all debts which are secured by property distributed to that spouse/domestic partner. Also, if any creditor asks the spouse/domestic partner not responsible for a debt to pay all or a portion of it, and s/he does so, the spouse/domestic partner responsible for that debt should reimburse the other spouse/domestic partner for any monies s/he paid to the creditor after the date of the judgment.

17. Transfer of Debts and Property.

Within 30 days of the date of judgment, each party should execute, acknowledge, and deliver whatever documents are necessary to accomplish the distribution of debts and property ordered by the court. The judgment should operate to convey title to the spouse/domestic partner awarded the property if the other spouse/domestic partner fails to comply with this requirement.

18. Former Name.

Petitioner's Respondent's former name of Veronica A Castillo should be restored.

19. Information Required by ORS 25.020 and ORS 107.085.

Disclosure of the following information would unreasonably put to risk the health, safety, or liberty of Petitioner Respondent or child/ren Veronica A Navarro Ramiro Jr Navarro III for the following reasons: property damage or taking child with out authorization

Otherwise: (Fill out the information in the table below)

	Petitioner	Respondent
Full Name	<u>Veronica Alicia Navarro</u>	<u>Ramiro Jr Navarro</u>
Former Legal Name(s)	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Age	<u>23</u>	<u>23</u>
Address or Contact Address	<u>313 Hollyhock Pl N Keizer, OR 97303</u>	

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	Petitioner	Respondent
Telephone Number	(971)388-1979	
Social Security Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Driver License Number	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Name	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Address	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).
Employer Telephone	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).	Do not list here. List the information on the UTCR 2.130 Confidential Information Form (CIF).

Additional page labeled "Paragraph 19 continued" attached.

20. Court Costs and Fees.

A. Deferred Costs and Fees

Any court costs and service fees (if service completed by the Sheriff) that are deferred (required to be paid at a later date) by the court should be paid by: Petitioner Respondent Both parties equally
 Other: _____

B. Costs and Fees Paid by the Parties

Each party should be responsible for paying his or her own court costs and service fees for this case.
 To be paid by both parties equally
 Petitioner Respondent should reimburse the other party for his or her court costs and service fees for this case.
 Other: _____

Judgment should be entered according to the cost and fee allocation listed above.

21. Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

I selected this document for myself and I completed it without paid assistance.
 I paid or will pay money to _____ for assistance in preparing this form.

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WHEREFORE, Petitioner requests a Judgment granting the relief asked for above, and other equitable relief that the Court thinks is just.

STATE OF OR)
) ss.
County of Marion)

Veronica A Navarro, being duly sworn, say that I am the Petitioner in this matter and that the foregoing petition is true and correct to the best of my knowledge.

Veronica A Navarro
Petitioner (signature)

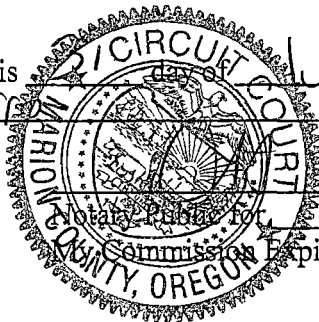
Veronica A Navarro
Print Name

313 Hollyhock Pl N
Address or Contact Address

Keizer OR 97303
City, State, Zip Code

503 569-3930
Telephone or Contact Telephone

SIGNED AND SWORN to before me this 21 day of July, 2013
By: Veronica Alicia Navarro



/Court Clerk
Commission Expires: _____

I certify that this is a true copy:

Petitioner (signature)

(Option A - Supervised)

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

Petitioner Veronica A Navarro)
and)
Respondent Ramiro Jr Navarro)

CASE NO:
PARENTING PLAN
Exhibit 1

1. **The Parties.** Petitioner and Respondent are the parents of:

<u>Full Name</u>	<u>Date of Birth</u>
<u>Ramiro Jr Navarro III</u>	<u>04/30/08</u>
_____	_____
_____	_____

They shall be collectively referred to as "the children" throughout this parenting plan.

The residential parent is the parent with whom the children live most of the time and who also has legal custody of them.

Petitioner shall hereafter be referred to as the (check one):
 Residential parent
 Non-residential parent

Respondent shall hereafter be referred to as the (check one):
 Residential parent
 Non-residential parent

2. **Parenting Time.** (choose only one):

No Parenting Time. The non-residential parent shall have no contact with the children until further court order. All parenting decisions shall be made by the residential parent.

Supervised Parenting Time. Whenever the children are with the non-residential parent, the supervisor shall be present. The non-residential parent has the right to spend time with the children even though the residential parent will be making most, if not all, of the parenting decisions which need to be made on the children's behalf. The children shall be with the non-residential parent on any schedule agreed to between the parents, but not less than is set forth in the following supervised schedule (choose only one):

8 hours per week. The place(s), day(s), and time(s) shall be set by the residential parent.

From _____ m. to _____ m. on the following day(s): _____

3. **Supervisor.** The person supervising the parenting time shall (choose only one):

Be selected by the residential parent.

Be selected by the non-residential parent, subject to the residential parent's prior approval.

4 **Access to Activities and Events.** The non-residential parent (choose only one):

Shall not attend the children's school activities and athletic events.

May attend the children's school activities and athletic events.

5. **Child Safety.** The non-residential parent shall follow the safety rules check below. If the non-residential parent violates any of the rules below, the residential parent may seek the court's help through a contempt action. In addition, if the violation poses an immediate threat to the child(ren), the specific parenting time may be stopped.

(Check all safety rules that apply):

There shall be no firearms in the non-residential parent's home, car or in the children's presence during parenting time.

The non-residential parent shall not consume alcoholic beverages beginning 12 hours before the children arrive up to the point they are returned to the residential parent.

The children shall not be physically disciplined.

The following person(s) present a danger to the children and shall not be present during parenting time _____.

The non-residential parent shall not be under the influence of intoxicating liquor or a controlled substance (e.g. drugs) as said terms are defined in ORS 813.010 during any period of time that he or she is to be with the children.

Other:

6. **Location.** The nonresidential parent shall spend his/her parenting time with the child(ren) at the following location(s):

Supervised visitation center.

_____ (location) or any other location designated by the residential parent.

Any location designated by the nonresidential parent with approval by the supervisor.

7. **Exchange Point.** The exchange of the child(ren) shall occur at (Choose all that apply):

- The site of the supervised visit.
- Other (describe) _____
- The nonresidential parent may not come to the exchange point.

8. **Transportation.** The residential parent or other person chosen by the residential parent shall be responsible for transporting the child(ren) to the exchange point. The child(ren) shall be picked up and/or returned to the exchange point by (choose only one):

- The nonresidential parent with the supervisor present.
- The supervisor alone.

The child(ren) shall not be driven in a car unless the driver has a valid driver's license, auto insurance, seat belts, and child safety seats as required by Oregon law.

9. **Communication with the Children.** The non-residential parent (check all that apply):

- Shall not telephone, write, or email the children unless the contact is agreed to in advance by the residential parent.
- May write or e-mail the children at any time. Each parent shall provide a contact address (and e-mail address if appropriate) to the other parent.
- May call the children on the telephone 4 times per week. The call shall last no more than 15 minutes and shall take place between 2 p.m. and 6 p.m. Long distance telephone calls made by the children shall be paid for by the parent receiving the call. Each parent shall provide a telephone number to the other parent.

10. **Changes to the Parenting Plan.** A specific parenting time may be denied due to the safety concerns listed in Paragraph 5. Changes to the parenting plan are allowed whenever both parents agree to a change. Agreed upon changes will be temporary and will be enforced by the court only if the change is written down, is dated, signed by both parents before a notary public and submitted to the court leaving a space for the judge's signature. See ORS 107.174.

11. **This is part of a Court Order when attached to a signed Judgment.** Each party has been put on notice that an intentional failure to follow the rules of this parenting plan is punishable through the contempt powers of the court. One parent's failure to comply with the rules does not excuse the other party from following the rules.

12. **Signature(s)**

Your signature below indicates that you have read and agree with what has been decided and written in this document.

Petitioner:
Vereonica A Navarro 7/31/13
 Signature Date

[] Respondent [] Co-Petitioner

 Signature Date

CHILD SUPPORT WORKSHEET

OAR 137-050-0700 to 137-050-0765

oregonchildsupport.gov

1. INCOME

		Veronica	Ramiro		
		Mother	Father		
1a	Income	\$ 1,551.33	\$ 1,551.33		
1b	Additions and subtractions				
	Add spousal support owed to the parent by anyone.	\$	\$		
	Subtract spousal support the parent owes to anyone.	\$	\$		
	Subtract mandatory union dues.	\$	\$		
	Subtract cost of the parent's own health insurance.	\$ 0.00	\$ 0.00		
	Income after additions and subtractions	\$ 1,551.33	\$ 1,551.33		
1c	Number of non-joint children Enter the number of non-joint children for each parent.	0	0		
1d	Number of joint minor children Include 18-year-olds attending high school and living with a parent.	1		total	
1e	Number of joint Children Attending School age 18 to 20 Exclude 18-year-olds attending high school and living with a parent.	0		1	
1f	Total number of children Add the number of non-joint children (line 1c), the joint minor children (line 1d), and the joint Children Attending School (line 1e) for each parent.	1	1		
1g	Non-joint child deduction Reference the <u>scale</u> using the parent's income after additions and subtractions (line 1b) and the parent's total number of children (line 1f). Divide the result by the total number of children and multiply by the number of non-joint children (line 1c)	\$ 0.00	\$ 0.00		
1h	Adjusted income Subtract non-joint child deduction (line 1g) from income after additions and subtractions (line 1b). Add the parents' adjusted incomes and enter amount in the "total" column. If less than zero, enter \$0.	\$ 1,551.33	\$ 1,551.33	total	\$ 3,102.66
1i	Each parent's income share percentage Each parent's adjusted income (line 1h) divided by the total.	50.00%	50.00%		
1j	Income available for support Subtract the \$1117 self-support reserve from each parent's adjusted income (line 1h). If less than zero, enter \$0.	\$ 434.33	\$ 434.33		

2. BASIC SUPPORT OBLIGATION

2a	Basic support obligation for all joint children (from obligation scale) Reference the <u>scale</u> using the total adjusted income (line 1h) and the number of joint children (lines 1e+1d). Enter this amount in the "total" column.			total	\$ 583.00
2b	Basic support obligation after self-support reserve Enter the lesser of 1) basic support obligation (line 2a) multiplied by each parent's income share percentage (line 1i); or 2) the parent's income available for support (line 1j).	Veronica	Ramiro		
		\$ 291.50	\$ 291.50		

Exhibit 2

3. CHILD CARE COSTS

		<i>Veronica</i>	<i>Ramiro</i>	<i>caretaker</i>
3a	Child care costs for joint children under 13 or disabled Enter the cost in the column of the parent or caretaker paying the cost. Costs may not exceed the Department of Human Services maximum rate.	\$ 136.00	\$ 0.00	\$
3b	Income available for child care costs Subtract each parent's basic support obligation (line 2b) from each parent's income available for support (line 1j).	\$ 142.83	\$ 142.83	
3c	Parents' shares of child care costs Multiply each parent's income share percentage (line 1i) by the total of all child care costs (line 3a) and enter the lesser of that amount or income available for child care costs (line 3b).	\$ 68.00	\$ 68.00	
3d	Support obligation after adding child care costs Add child care costs (line 3c) to the basic support obligation (line 2b).	\$ 359.50	\$ 359.50	

4. HEALTH CARE COVERAGE

		<i>Veronica</i>	<i>Ramiro</i>			
4a	Health care coverage costs for joint children Enter the amount each parent pays for health insurance premiums, even if \$0. Enter "none" if appropriate coverage is not available.	\$ None	\$ None			
4b	Income available for health care coverage Subtract support obligation after adding child care costs (line 3d) from income available for support (line 1j).	\$ 74.83	\$ 74.83			
4c	Reasonable cost for health care coverage Enter the lesser of each parent's income available for health care coverage (line 4b) or 4% of each parent's adjusted income (line 1h). Enter \$0 if the parent's income (line 1a) is at or below Oregon minimum wage. Round to the nearest dollar. Total the results under total .	\$ 0.00	\$ 0.00	total	\$ 0.00	
4d	Determine whose coverage is available at a reasonable cost Compare each parent's health care coverage cost (line 4a) to the total reasonable cost amount (line 4c). Indicate by name who can provide coverage: neither parent, one parent, either parent, or both parents. Only include a parent with income at or below Oregon minimum wage if that parent's coverage is available at no cost.	Neither parent				
4e	Order health care coverage at a higher amount? Enter "yes" to find any available health care coverage reasonable in cost even though it exceeds the amount in line 4c. This may leave the parents with less than the self-support reserve (line 1j), but may not require a parent with income at or below Oregon minimum wage to pay. Update line 4d. Otherwise, enter "no".	No				
4f	Who will provide health care coverage? Select the parent(s) with coverage available at a reasonable cost (line 4d) who will provide coverage. Add the costs of the selected coverage from line 4a and enter the amount in the total column. If neither parent can provide coverage now, select "either parent when available" and enter \$0.	Either parent when available			total	
					\$ 0.00	

4g	Parents' percentage share of health care coverage costs Divide each parent's reasonable cost for health care coverage by the total amount on line 4c.	0.00%	0.00%
4h	Each parent's share of health care coverage costs Multiply the total cost of health care coverage that will be ordered (line 4f) by each parent's percentage share of health care coverage costs (line 4g).	\$ 0.00	\$ 0.00
4i	Support obligation after adding health care coverage costs Add the support obligation after child care costs (line 3d) to each parent's share of health care coverage costs (line 4h)	\$ 359.50	\$ 359.50

5. CASH MEDICAL SUPPORT

		election y/n/c	
5a	Cash medical support election Enter "y" for yes if no appropriate health care coverage is available (line 4f). Cash medical will be included. Enter "n" for no if appropriate health care coverage is available or if a finding will be included in the order explaining why cash medical should not be included. Cash medical will be excluded. Enter "c" for contingent if the obligated parent will pay cash medical support whenever the obligated parent does not provide health care coverage. Contingent cash medical will be included.	y	
5b	Cash medical support amount If line 5a is "y", enter each parent's reasonable cost amount (line 4c). If line 5a is "n", enter \$0. If line 5a is "c", enter each parent's reasonable cost amount (line 4c).	<i>Veronica</i>	<i>Ramiro</i>
		\$ 0.00	\$ 0.00

6. CREDITS

		<i>Veronica</i>	<i>Ramiro</i>	<i>caretaker or agency</i>
6a	Average number of overnights (or equivalent) Enter each parent's and caretaker's average number of overnights with the joint minor children.	365	0	
6b	Parenting time credit percentage Determine the appropriate parenting time credit percentage as provided in <u>OAR 137-050-0730</u> using the average number of overnights (line 6a).	100.00%	0.00%	
6c	Parenting time credit for joint minor children Multiply the basic support obligation (line 2a) by the number of joint minor children (line 1d), divide by the number of joint children (lines 1d + 1e), and multiply by each parent's parenting time credit percentage (line 6b).	\$ 583.00	\$ 0.00	

6d	Child care credit Enter each parent's child care costs (line 3a).	\$ 136.00	\$ 0.00
6e	Credit for Social Security or veterans' benefits Enter the amount of benefits paid to the joint child because of a parent's disability or retirement as provided in <u>OAR 137-050-0740</u> in the disabled or retired parent's column. If that parent is obligated to pay support, the amount will be deducted from their support obligation.	\$ 0.00	\$ 0.00
6f	Credit for health care coverage costs If health care coverage will be provided (line 4f), enter the health care coverage costs (line 4a) for each providing parent.	\$ 0.00	\$ 0.00
6g	Support after credits Subtract credits (lines 6c, 6d, 6e and 6f) from the support obligation after adding health care coverage costs (line 4i). This amount may be less than zero.	\$ (359.50)	\$ 359.50

7. WHO SHOULD PAY SUPPORT?

		<i>Veronica</i>	<i>Ramiro</i>
7a	Which parent(s) should pay support for minor children? Enter "Yes" in the parent's column with the higher support after credits (line 6g) and enter "No" in the other parent's column. Enter "No" if the parents' line 6g figures are equal or there are no minor children (line 1d) If the children live with a caretaker or are in state care, enter "Yes" in both columns.	No	Yes

8. MINIMUM ORDER

		<i>Veronica</i>	<i>Ramiro</i>
8a	Total support payment obligation, including medical support To each parent's support obligation after credits (line 6g), add the greater of the health care coverage premium costs that will be ordered (line 6f) or cash medical support (line 5b).	\$ (359.50)	\$ 359.50
8b	Is there an exception to the minimum order presumption? If the parent has an exception to the minimum order as provided in <u>OAR 137-050-0755</u> , enter "yes" in that parent's column. Otherwise, enter "no." If the exception is because each parent has exactly 182.5 overnights, or the Child Support Program seeks medical support only, enter "yes" in both columns.	No	No
8c	Amount needed to meet minimum order If a parent has a total support payment obligation of less than \$100 (line 8a), and does not have an exception to the minimum order (line 8b), subtract line 8a from \$100. This is the increase needed to reach the \$100 minimum order. Otherwise, enter \$0.	\$ 459.50	\$ 0.00
8d	Cash child support obligation after minimum order Add amount needed to meet minimum order (line 8c) to support after credits (line 6g). But, if the parent should not pay support for minor children (line 7a), and there are no Children Attending School (line 1e), enter \$0. If less than zero, enter \$0.	\$ 0.00	\$ 359.50

9. FINAL SUPPORT AMOUNTS AND MEDICAL SUPPORT PROVISIONS

		<i>Veronica</i>	<i>Ramiro</i>
9a	Cash child support for minor children If the parent should pay support for minor children (line 7a), divide the cash child support obligation after minimum order (line 8d) by the number of joint children (lines 1d + 1e) and multiply by the number of minor children (line 1d). Round to the nearest dollar. Otherwise, enter \$0	\$ 0.00	\$ 360.00
9b	Cash medical support for minor children If the parent should pay support for minor children (line 7a), divide the cash medical support amount (line 5b) by the number of joint children (lines 1d + 1e) and multiply by the number of minor children (line 1d). Round to the nearest dollar. Otherwise, enter \$0.	\$ 0.00	\$ 0 00
9c	Cash child support for Children Attending School Divide the cash child support obligation after minimum order (line 8d) by the number of joint children (lines 1d + 1e) and multiply by the number of Children Attending School (line 1e). But, if the parent should not pay support for minor children (line 7a), enter the full amount from line 8d. Round to the nearest dollar.	\$ 0.00	\$ 0.00
9d	Cash medical support for Children Attending School Divide the cash medical support amount (line 5b) by the number of joint children (lines 1d + 1e) and multiply by the number of Children Attending School (line 1e). Round to the nearest dollar. But, if the parent should not pay support for minor children (line 7a), enter the full amount from line 5b. Round to the nearest dollar.	\$ 0.00	\$ 0.00
9e	Total child support Add all cash child support and cash medical support (lines 9a-9d).	\$ 0.00	\$ 360.00
9f	Private health care coverage Who should be ordered to provide health care coverage? Enter the selection from line 4f.	Either parent when available	
9g	Reasonable cost for health care coverage Enter the "total" reasonable in cost amount from line 4c. But, if health care coverage will be ordered at a higher amount (line 4e) enter <i>the greater of</i> 1) the line 4c total, or 2) the line 4f total.	\$ 0.00	

10. AGREED SUPPORT AMOUNT (optional)

Only complete this section if the parties agree to a change in the support amount.
The parents may increase or decrease the support amount by up to 15%.

		<i>Veronica</i>	<i>Ramiro</i>
10a	Maximum permitted change Multiply each parent's total adjusted child support (line 9e) by 0.15.	\$ 0.00	\$ 54.00

10b	Amount of agreed change to child support obligation (+/-)	\$	\$
10c	Actual percentage change Divide the amount of agreed change (line 10b) by total child support (line 9e).		
10d	Agreed cash child support obligation for minor children Increase or decrease line 9a by the actual percentage change (line 10c). Round to the nearest dollar.	\$	\$
10e	Agreed cash medical support obligation for minor children Increase or decrease line 9b by the actual percentage change (line 10c). Round to the nearest dollar.	\$	\$
10f	Agreed cash child support obligation for Children Attending School Increase or decrease line 9c by the actual percentage change (line 10c). Round to the nearest dollar.	\$	\$
10g	Agreed cash medical support obligation for Children Attending School Increase or decrease line 9d by the actual percentage change (line 10c). Round to the nearest dollar.	\$	\$
10h	Total agreed child support Add all agreed cash child support and cash medical support (lines 10d-10g).	\$	\$

PARENTING TIME WORKSHEET
OAR 137-050-0730

Use this worksheet to help determine the average parenting time overnights when calculating child support for more than one child and there are different parenting time amounts for each child.

Enter the number of parenting time overnights (based on a two-year average) each party has with each child. A party can be a parent, a caretaker, or the state if the child is in state care.

For help calculating parenting time under a parenting plan, see the Parenting Plan Calculator at oregonchildsupport.gov/calculator/parenting_time

Include a Child Attending School age 18, living with a parent, and attending high school. Do not include any other Child Attending School.

		Overnights		
		Veronica	Ramiro	
Children's names				
Ramiro		365	0	
a	Total the number of overnights for each party	365	0	
b	Enter the total number of minor children	1		
c	Divide the total number of overnights for each party (line a) by the total number of children (line b). This is the party's average parenting time overnights for the minor children.	365	0	

CHILD SUPPORT CALCULATION SUMMARY

oregonchildsupport.gov

Verified Correct Copy of Original 12/26/2014.

This calculation summary is not an order. It is a summary of the type and amount of support that could be ordered based on this calculation. An individual's actual obligation can only be established by court or administrative order in accordance with the laws of Oregon. For the actual terms of the judgment, see the judgment and money award.

The monthly guideline support amount for Veronica is:

Support for the minor children	\$ <u>0.00</u>
Support for the children attending school	\$ <u>0.00</u>
Cash medical support	\$ <u>0.00</u>
Private health care coverage for the children not to exceed \$ <u>0.00</u> any time it becomes available	

The total monthly guideline support amount is: \$ 0.00

The monthly guideline support amount for Ramiro is:

Support for the minor children	\$ <u>360.00</u>
Support for the children attending school	\$ <u>0.00</u>
Cash medical support	\$ <u>0.00</u>
Private health care coverage for the children not to exceed \$ <u>0.00</u> any time it becomes available	

The total monthly guideline support amount is: \$ 360.00