STATE OF OREGON, Child Support Program (CSP), by the Administrator (ORS 25.010)
County: Polk   Court #: 16DR08144   CSP #: 053II6339D41
Children: Ehecatl M Navarro-Mendoza and Xochiquetzal Mendoza
Obligor: Ramiro Navarro
Obligee: Lucia Mendoza

Exempt From Filing Fees - ORS 21.185

Certification to Circuit Court

The respondent in this action is Ramiro Navarro.

The Administrator certifies the following documents are original or true copies of the originals and requests the same be filed and entered in accordance with ORS 416.440.

Administrative Order
- Modifying Support Order

Signed on 04/18/2018 with proof of service.

Notice of Final Order
Certificate(s) of Service
Money Award(s) including Child Support Award(s)
Confidential Information Form(s)

4-18-2018
_____
Date

s/ EMMA BOGARIN-REYNA
_____
Authorized Representative

DIVISION OF CHILD SUPPORT
4035 12 ST CUTOFF SE #200
SALEM OR 97302
TELEPHONE: (503) 986-2565
FAX: (503) 986-6147
TTY: (800) 735-2900

THE STATE OF OREGON
Child Support Program, Department Of Justice

State of Oregon, Child Support Program Administrator,	)))	Polk County Circuit Court
and	))	Case No. 16DR02706
Ramiro Navarro, Obligor,	)))	CSP Case No.: 053II6339D41
and	)))	**Order Modifying Support Order** ORS 25.287; ORS 416.400 to 416.465
Lucia Mendoza, aka MENDOZA-MERAZ LUCIA, Obligee	)))	

This Order Modifying Support Order is for the following children:

Child's Name	Age	Most Overnights with:
Ehecatl M Navarro-Mendoza	3	Lucia Mendoza
Xochiquetzal Mendoza	2	Lucia Mendoza

Dates of birth are provided under UTCR 2.130.

Based on the findings set forth below, **IT IS HEREBY ORDERED** that the existing order is modified as follows:

Child Support
OAR 137-050-0700 to 137-050-0765

Ramiro Navarro must pay $420.00 cash child support per month for Ehecatl M Navarro-Mendoza and Xochiquetzal Mendoza. This amount becomes due and payable on the first of the month after the last non-requesting party is served and the first of each month thereafter.

If a child qualifies as a "Child Attending School" his or her portion of the support payments may be disbursed directly to the child. [ORS 107.108]

Medical Support
ORS 25.323; OAR 137-055-4620

Ramiro Navarro must provide appropriate private health care coverage for all the children whenever it is available at a cost of no more than $155.00 per month unless the other parent is already providing coverage. Double coverage is not required. Private health care coverage may be provided through an employer or any other source, including a spouse, domestic partner, or other family member.

Lucia Mendoza must provide appropriate private health care coverage for all the children if it becomes available at a cost of no more than $155.00 per month unless the other parent is already providing coverage. Double coverage is not required. Private health care coverage may be provided through an employer or any other source, including a spouse, domestic partner, or other family member.

Lucia Mendoza must apply to enroll the children in public health care whenever appropriate private health care coverage is not available.

Effect on Former Orders

This order modifies, supersedes and replaces all of the child support and medical support provisions in the order being modified (former order). Child support and cash medical support, if any, are modified to zero and stop accruing under the former order as of the effective date of this order. Except as specifically provided in this order, all other provisions in the former order, including any child support arrears owed are unchanged and remain in effect and enforceable.

A provision in an underlying court order that requires the parents to share the cost of uninsured medical expenses is not changed by this order. Amounts paid as cash medical support under this order can potentially be used in court to offset any obligation for uninsured medical expenses imposed by the underlying court order.

Findings of Fact

The State of Oregon has jurisdiction over the parties.

The order being modified was effective on 02/01/2016.

Lucia Mendoza requested a review of the order because there has been a substantial change of circumstances.

Lucia Mendoza's income has changed.

Ramiro Navarro's income was determined using:
   Confirmed with current employer: $11.50 per hour.

Lucia Mendoza's income was determined using:
   Per phone conversation with Obligee on 02/16/2018, Obligee is earning $16.56 per hour .

Ramiro Navarro has the following non-joint children:
   Zaiden, age 4 years, Ongoing support order
   Ramiro, age 9 years, Ongoing support order

Lucia Mendoza has the following non-joint children:
   Yaretzi, age 7 years, Lucia's child living in household

Ramiro Navarro and Lucia Mendoza cannot provide appropriate private health care coverage at this time because it is not available or the cost is too high.

Ramiro Navarro is not ordered to pay cash medical support because there is no evidence of recurring uninsured medical expenses and the state is not asserting an assignment of cash medical support.

The enclosed Child Support Worksheet is incorporated in this order.

Duration of Support
ORS 107.108; ORS 110.611; ORS 416.415

This is a "class order." The amount will stay the same until the order is modified or terminated or the last child is no longer eligible for support.

Support will end when the last child reaches age 18, or age 21 if attending school, marries, or becomes emancipated.

Collection of Support
ORS 25.020; ORS 416.415

Support will be collected by income withholding and by withholding state and federal tax refunds. The obligated parent's property will also be subject to collection activity including garnishment or execution of liens for any unpaid support amounts.

Payments may also be made by sending a check or money order to Child Support Payments, Division of Child Support, PO Box 14506, Salem OR 97309. Write your Social Security number on your check or money order. See oregonchildsupport.gov for more payment options.

Changing the Order
ORS 25.020; ORS 25.287

This support order may be reviewed at the request of a party at any time based upon a substantial change of circumstances. It may also be reviewed after 35 months.

Appeal Rights
ORS 416.427

This order will be filed in circuit court and entered as a judgment. You will receive a "Notice of Entry of Judgment" from the court. Unless you have voluntarily waived your right to appeal as provided in OAR 137-050-0765, you will have 60 days after the date the order is entered as a judgment to appeal to circuit court.

Changes to Personal Information
ORS 25.020; ORS 416.415

You must tell us within 10 days whenever there is a change in your address, telephone number, driver's license, employment, or health care coverage information. If we do not have correct information, you may not receive important notices about your case.

Servicemember's Civil Relief Act Declaration

By my signature below, I declare this to be true under penalty of perjury. To the best of my knowledge and belief, through personal knowledge, investigation of records of the United States military, research of internet military sites or research through other sources, I have determined the following:

Ramiro Navarro

☐ is in the military on active duty and has waived the right to stay the proceeding under the SCRA.

☒ is not in the military on active duty.

☐ I have been unable to determine if this person is in the military service on active duty.

Lucia Mendoza
☐ is in the military on active duty and has waived the right to stay the proceeding under the SCRA.

☒ is not in the military on active duty.

☐ I have been unable to determine if this person is in the military service on active duty.

Additional Order Provisions

If a box is checked below, that provision is included in this order.

☐   The parties have returned the attached and incorporated signed consents agreeing to alternate support amounts allowed by OAR 137-050-0765 and they have waived their appeal rights. Pursuant to those consent forms, Ramiro Navarro must pay cash child support of $_____ per month and cash medical support of $_____ per month. All of the other provisions of the order are unchanged.

☒   There are no additional order provisions.

Final Order Signature
OAR 137-055-3440

This order is final on the date it is signed. The modified support amount becomes due and payable on _4-1-2018_____ **, which is the first of the month following the date the last non-requesting party was first served with modification documents, and the first of the month thereafter.**

_4-18-2018_____
Date

_E. Bogarin-Reyna_____
EMMA BOGARIN-REYNA
Authorized Representative

☐ Certified to be a true copy of the original

The personal information about the parties required by ORS 25.020 is provided under UTCR 2.130 and in the Money Award or Statistical Information form.

This document has been sent by regular mail to:

Ramiro Navarro
_____

Lucia Mendoza
_____

_____

at the address maintained in CSP records.

Division of Child Support
4035 12 ST CUTOFF SE #200
SALEM OR 97302
Telephone: (503) 986-2565
Fax: (503) 986-6147
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The Child Support Program can provide you with information from forms and other notices in your own language free of charge. This also includes Braille, large print, and the use of interpreters. To find out more, contact your child support office.

The Child Support Program (CSP) 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 the CSP website at oregonchildsupport.gov.

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County: Polk   Court #: 16DR08144   CSP #: 053II6339D41
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Obligor: Ramiro Navarro
Obligee: Lucia Mendoza

Notice of Final Order

The enclosed order is now finalized based on these findings of fact. The findings are based on the parties' actions after the proposed order was issued:

The State's Motion to Modify Support Order signed 02/16/2018 and the proposed order were served on the parties as required by ORS 416.425.

The CSP did not receive a request for hearing on the issue of support in the time allowed.

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CHILD SUPPORT WORKSHEET

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

oregonchildsupport.gov

1. INCOME

		Ramiro	Lucia	
		Father	Mother	
1a	**Income**	$ 1,993.33	$ 2,870.40	
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	$ 1,993.33	$ 2,870.40	
1c	**Number of non-joint children** Enter the number of non-joint children for each parent.	2	1	
1d	**Number of joint minor children** Include 18-year-olds attending high school and living with a parent.	2		**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		2
1f	**Total number of children** Add the number of non-joint children (line 1c), the joint minor children (line1d), and the joint Children Attending School (line 1e) for each parent.	4	3	
1g	**Non-joint child deduction** Reference the scale 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).	$ 348.50	$ 307.67	
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.	$ 1,644.83	$ 2,562.73	**total** $ 4,207.56
1i	**Each parent's income share percentage** Each parent's adjusted income (line 1h) divided by the total.	39.09%	60.91%	
1j	**Income available for support** Subtract the $1173 self-support reserve from each parent's adjusted income (line 1h). If less than zero, enter $0.	$ 471.83	$ 1,389.73	

2. BASIC SUPPORT OBLIGATION

				total
2a	**Basic support obligation (from obligation scale)** Reference the scale using the total adjusted income (line 1h) and the number of joint children (lines 1e+1d). Enter this amount in the "total" column.			$ 1,048.00
2b	**Basic support obligation after self-support reserve**	Ramiro	Lucia	
	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).	$ 409.66	$ 638.34	

3. CHILD CARE COSTS

		Ramiro	Lucia	caretaker
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.	$ 0.00	$ 27.00	$
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).	$ 62.17	$ 751.39	
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).	$ 10.55	$ 16.45	
3d	**Support obligation after adding child care costs** Add child care costs (line 3c) to the basic support obligation (line 2b).	$ 420.21	$ 654.79	

4. HEALTH CARE COVERAGE

		Ramiro	Lucia	
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).	$ 51.62	$ 734.94	
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's highest minimum wage. Round to the nearest dollar. Total the results under **total**.	$ 52.00	$ 103.00	**total** $ 155.00
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's highest 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's highest 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.	33.55%	66.45%
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).	$ 420.21	$ 654.79

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.	n

		Ramiro	Lucia
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).	$ 0.00	$ 0.00

6. CREDITS

		Ramiro	Lucia	*caretaker or agency*
6a	**Average number of overnights (or equivalent)** Enter each parent's and caretaker's average number of overnights with the joint minor children.	0	365	
6b	**Parenting time credit percentage** **This is not the same as the percentage of parenting time.** Determine the appropriate parenting time credit percentage as provided in OAR 137-050-0730 using the average number of overnights (line 6a).	0.00%	100.00%	
6c	**Parenting time credit** 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).	$ 0.00	$ 1,048.00	

		Ramiro	Lucia
6d	**Child care credit** Enter each parent's child care costs (line 3a).	$ 0.00	$ 27.00
6e	**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
6f	**Support after credits** Subtract credits (lines 6c, 6d, and 6e) from the support obligation after adding health care coverage costs (line 4i). This amount may be less than zero.	$ 420.21	$ (420.21)

7. WHO SHOULD PAY SUPPORT FOR MINOR CHILDREN?

		Ramiro	Lucia
7a	**Minor children's portion of basic support obligation** Divide each parent's portion of the basic support obligation (line 2b) by the total number of joint children (lines 1d + 1e) and multiply by the number of minor children (line 1d).	$ 409.66	$ 638.34
7b	**Net obligation for minor children** Add the minor children's portion of the basic support obligation (line 7a), each parent's share of child care costs (line 3c), and the minor children's portion of health care coverage costs (line 4h divided by total of lines 1d and 1e, multiplied by line 1d). Subtract parenting time credit (line 6c), child care credit (line 6d), and the minor children's portion of health care coverage costs credit (line 6e divided by total of lines 1d and 1e, multiplied by line 1d). May be less than zero.	$ 420.21	$ (420.21)
7c	**Which parent(s) should pay support for minor children?** Enter "**Yes**" in the column of the parent with the higher net support for minor children (line 7b). Enter "**No**" in the other parent's column. Enter "**No**" for both parents if the parents' line 7b 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.	Yes	No

8. MINIMUM ORDER; REDUCTION FOR BENEFITS PAID TO CHILD

		Ramiro	Lucia
8a	**Total support payment obligation, including medical support** To each parent's support obligation after credits (line 6f), add the greater of the health care coverage premium costs that will be ordered (line 6e) or cash medical support (line 5b).	$ 420.21	$ (420.21)
8b	**Is there a need to apply an exception to the minimum order presumption?** If line 8a is less than $100 and the parent has an exception to the minimum order as provided in OAR 137-050-0755, enter "yes" in that parent's column. Otherwise, enter "no."	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.	$ 0.00	$ 520.21

		Ramiro	Lucia
8d	**Cash child support obligation after minimum order** Add amount needed to meet minimum order (line 8c) to support after credits (line 6f). But, if the parent should not pay support for minor children (line 7c), and there are no Children Attending School (line 1e), enter $0. If less than zero, enter $0.	$ 420.21	$ 0.00
8e	**Reduction 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 OAR 137-050-0740 in the disabled or retired parent's column. If the parent is obligated to pay support, the support obligation will be reduced by this amount.	$ 0.00	$ 0.00
8f	**Cash child support after Social Security or veterans benefits** From cash child support after minimum order (line 8d), subtract reduction for Social Security or veterans benefits (line 8e). If less than zero, enter $0.	$ 420.21	$ 0.00
8g	**Remaining reduction to apply to cash medical support** Enter the amount of Social Security or veterans benefits in excess of cash child support (line 8e minus line 8d). If less than zero, enter $0.	$ 0.00	$ 0.00
8h	**Cash medical support after Social Security or veterans benefits** From cash medical support (line 5b), subtract remaining reduction for Social Security or veterans benefits (line 8g). If less than zero, enter $0.	$ 0.00	$ 0.00

9. FINAL SUPPORT AMOUNTS AND MEDICAL SUPPORT PROVISIONS

		Ramiro	Lucia
9a	**Cash child support for minor children** If the parent should pay support for minor children (line 7c), divide cash child support after Social Security or veterans benefits (line 8f) 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.	$ 420.00	$ 0.00
9b	**Cash medical support for minor children** If the parent should pay support for minor children (line 7c), divide the cash medical support amount after reductions (line 8h) 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 cash child support after Social Security or veterans benefits (line 8f) 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 7c), enter the full amount from line 8f. Round to the nearest dollar.	$ 0.00	$ 0.00
9d	**Cash medical support for Children Attending School** Divide the cash medical support amount after reductions (line 8h) 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 7c), enter the full amount from line 8h. 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).	$ 420.00	$ 0.00
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 *the greater of* 1) the line 4c total, or 2) the line 4f total.	$ 155.00	

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%.

		Ramiro	Lucia
10a	Maximum permitted change Multiply each parent's total adjusted child support (line 9e) by 0.15.	$ 63.00	$ 0.00
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).	$	$

This calculation is not the order. This is the worksheet and it shows the type and amount of support that could be ordered based on this calculation. The order is attached and it shows the actual terms of the support obligation.

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.

Children's names	Overnights		
	Ramiro	Lucia	
Ehecatl	0	365	
Xochiquetzal	0	365	
a Total the number of overnights for each party	0	730	
b Enter the total number of minor children	2		
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.	0	365	

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Children: Ehecatl M Navarro-Mendoza and Xochiquetzal Mendoza
Obligor: Ramiro Navarro
Obligee: Lucia Mendoza

Certificate of Service

I certify that a certified true copy of State's Motion and Proposed Order Modifying Support Order was served upon Lucia Mendoza by sending the document(s) by first-class mail to: Address of Service Maintained in CSP Records, the party's residence address, mailed on 03/05/2018.

The person served with the document(s) was:

    The identical one named in the document served.

4-18-2018
_____   _____
Date   Authorized Representative

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DIVISION OF CHILD SUPPORT
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SALEM OR 97302-
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Obligor: Ramiro Navarro
Obligee: Lucia Mendoza

Certificate of Service

I certify that a certified true copy of State's Motion and Proposed Order Modifying Support Order was served upon Ramiro Navarro by sending the document(s) by mail service with delivery confirmation to: Address of Service Maintained in CSP Records, the party's residence address, on 03/23/2018.

The person served with the document(s) was:

    The identical one named in the document served.

_____4-18-2018_____   _____
Date   Authorized Representative

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