

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

County: \_\_\_\_\_ Court #: \_\_\_\_\_ CSP #: \_\_\_\_\_

[ ] Other Jurisdiction: \_\_\_\_\_ Case #: \_\_\_\_\_

Children: \_\_\_\_\_

Obligor: \_\_\_\_\_

Obligee: \_\_\_\_\_

[ ] Other parties: \_\_\_\_\_

### Uniform Income & Expense Statement

**Contact information:**

Cell #: \_\_\_\_\_ Text?  Yes  No Message #: \_\_\_\_\_

Home #: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Date Signature Printed Name

\_\_\_\_\_  
Address City State Zip

The address you list above will be your "contact address." We will use it to send documents to you. It will also appear in legal papers given to the other parent and in court records. If you do not want your residence or mailing address to be given to the other party or appear in court records, you must give us a different address in your state for the CSP to use as your "contact address." If the address you give now is different than one you gave us before, we will use the new one from now on.

**List all 'Joint Children' in this Order (children under the age of 21, born to or adopted by the parties)**

Name of Child	Date of Birth	Children Living With:			Child 18-20 in School		If Child 18, in High School	
		Me	Other Parent	Other (Name)	Yes	No	Yes	No

List your additional joint children on a separate sheet of paper.

**Do you already have a support order for these children?**  Yes  No If yes, explain and **attach** the most recent copy of your orders, if available: \_\_\_\_\_

**Do you have a parenting time order or written parenting time agreement for these children?**

Yes  No If yes, **attach** a copy of the order or agreement.

**Do you support other children in your home or have a support order for children not in your home?**

Yes  No If yes, list them below.

Child's First Name	Date of Birth	Relationship (daughter, son, etc.)	If there is an order for you to pay support, provide state, county & court number.	Child 18 in High School in Your Home	
				Yes	No

List biological and adopted children or stepchildren you are ordered to support. List other children you support on a separate piece of paper.

**Do you pay or receive spousal support?**  Yes  No

Amount paid: \$\_\_\_\_\_ to whom \_\_\_\_\_

Amount received: \$\_\_\_\_\_ from whom \_\_\_\_\_

**Are you employed?**  Yes  No

Name, address, & phone number of employer: \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_ Do you consistently receive wages for overtime hours?  Yes  No

What is your monthly income before deductions? \$\_\_\_\_\_. **Attach** a copy of your most recent pay stub.

Do you pay mandatory union dues?  Yes  No If yes, how much per month? \$\_\_\_\_\_

Do you receive expense reimbursements or allowances for a car, cell phone, housing, subsidies, or any other expenses which reduce your living expenses?  Yes  No If yes, how much per month? \$\_\_\_\_\_

**Attach** proof you receive expense reimbursements or allowances.

**Are you unemployed?**  Yes  No

**Are you receiving workers' compensation or unemployment benefits?**  Yes  No

If yes, list the source and the amount of the monthly or weekly benefit:

Source: \_\_\_\_\_ Amount: \$\_\_\_\_\_  Monthly  Weekly

What type of work have you done in the last five years? \_\_\_\_\_

Why did your last job end? \_\_\_\_\_

**Are you self-employed?**  Yes  No

Name, address, & phone number of your business: \_\_\_\_\_

**Attach** a copy of your most recent tax return (personal and business, including all schedules) or profit & loss statement.

**Do you have other income?**  Yes  No Income **includes** but is not limited to, commissions, advances, bonuses, dividends, severance pay, pensions, interest, Social Security benefits, disability insurance benefits, prizes, lottery, alimony, Supplemental Security income, and distributions from a trust. Income **does not include** child support, food stamp benefits, Social Security resulting from a child's disability, adoption assistance, guardianship assistance, and foster care subsidies.

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Do you have child care costs for the 'Joint' children?**  Yes  No

Are the children 12 years old or under?  Yes  No Are the children disabled?  Yes  No

If you answered yes to either question, list the name(s) of the children, date(s) of birth and amount(s) you pay for their care and **attach** proof of child care costs: (Only include the costs you pay out of pocket.)

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Are you paying for your own health care coverage?**  Yes  No If yes, what is your monthly cost? \$ \_\_\_\_\_. **Attach** proof of coverage showing your monthly cost.

**Is health care coverage available for your children?**  Yes  No If yes, who insures the children?

Source of insurance:  employer  other group  spouse  domestic partner  other

Insurance Co.: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Effective date of the policy: \_\_\_\_\_

Monthly cost per child \$ \_\_\_\_\_ Name(s) of children currently covered by insurance: \_\_\_\_\_

**Do you pay ongoing medical expenses for the children?**  Yes  No

If yes, list the name(s) of children, the reason for the expense, and the monthly cost:

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Attach** proof of insurance and ongoing medical expenses for the children.

**Do any of your children receive Social Security or Veteran's benefits due to a parent's disability or retirement?**  Yes  No

What type of benefit do they receive?

Survivors and Dependents Educational Assistance

Social Security benefits

Apportioned Veteran's benefits due to the disability or retirement of a parent

What is the total monthly benefit amount the children receive? \$ \_\_\_\_\_

**If your child is in state care, do you have regular visits?**  Yes  No

If so, how far do you travel? \_\_\_\_\_

How often do you visit? \_\_\_\_\_

Does the Department of Human Services pay any of these expenses?  Yes  No

**Do you have court ordered counseling or classes that you must attend?**  Yes  No

If yes, what are your expenses associated with these classes? \$ \_\_\_\_\_

**Do you have a medical condition that prevents you from working?**  Yes  No

**Attach** proof of disability (SSA award letter, doctor's diagnosis of disability).

**Do you have court or attorney fees associated with the children in care?**  Yes  No

If yes, list the fees: \_\_\_\_\_

**Do you have to pay probation fees?**  Yes  No If yes, how much? \$ \_\_\_\_\_

**Are there any additional expenses or needs you want us to consider when calculating your child support?** \_\_\_\_\_

Amount of the expense: \$ \_\_\_\_\_ How does it affect your ability to pay support? \_\_\_\_\_

**Are there any other special circumstances that you want us to consider?** \_\_\_\_\_

**Is there any information you can provide about the other parent?** \_\_\_\_\_

*If you need more room to answer any of these questions, attach a separate piece of paper.*

**Are you represented by an attorney for child support matters?**  Yes  No

If yes, please provide the attorney name and contact information below.

\_\_\_\_\_  
Attorney Name Phone # Fax #

\_\_\_\_\_  
Address City/State Zip

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](http://oregonchildsupport.gov).