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Today's Date: \_\_\_\_\_

## Uniform Support Declaration Form

Please fill out this form as accurately and completely as possible. By providing us with complete information, you are saving time and money and avoiding any unnecessary questioning or discovery to locate it in the future.

Your Name: \_\_\_\_\_

Please provide the following information for all **joint** children under the age of 21 born or adopted to **this** relationship:

| Name of Child | Age | Child living with <u>you</u><br>or <u>other</u> parent? | Child between 18 & 21<br>attending school? |
|---------------|-----|---|--|
|               |     |   |  |
|               |     |   |  |
|               |     |   |  |
|               |     |   |  |
|               |     |   |  |
|               |     |   |  |
|               |     |   |  |

Please provide the following information for all additional **non-joint** children under the age of 21 born or adopted to **another** relationship:

| Name of Child | Age |
|---------------|-----|
|               |     |
|               |     |
|               |     |
|               |     |
|               |     |
|               |     |
|               |     |
|               |     |

**Your gross income**

Gross hourly wage: \_\_\_\_\_

Average number of hours worked per pay period: \_\_\_\_\_

Paid monthly or twice a month? \_\_\_\_\_

Gross monthly income: \_\_\_\_\_

Gross monthly tips/commission/bonuses amount (describe): \_\_\_\_\_

**Other income sources**

Do you receive any of the following?:

| Description:  | Monthly Amount: |
|---|-----------------|
| Self-Employment:  | \$              |
| Dividends:  | \$              |
| Interest Income:  | \$              |
| Trust Income:   | \$              |
| Annuity Income:   | \$              |
| Social Security Income:   | \$              |
| Workers Comp. Income – (Weekly, multiplied by 52, divided by 12) :  | \$              |
| Unemployment Benefits – (Weekly, multiplied by 52, divided by 12) : | \$              |
| Disability Income:  | \$              |
| Expense Reimbursement &/or Per Diem (not included in gross income): | \$              |
| Other (please specify) :  | \$              |
| Other (please specify) :  | \$              |

Do you receive temporary assistance for needy families? \_\_\_\_\_

Do you receive Social Security or Veteran's benefits for any joint Child(ren) due to parent's disability? \_\_\_\_\_

Do you receive Social Security or Veteran's benefits for any joint Child(ren) due to child's disability? \_\_\_\_\_

Is there an order for you to RECEIVE spousal support from your spouse involved in this proceeding? \_\_\_\_\_

If yes, monthly amount: \_\_\_\_\_

Is there an order for you to RECEIVE spousal support from a former/subsequent spouse? \_\_\_\_\_

If yes, monthly amount: \_\_\_\_\_

Are you ordered to PAY spousal support? \_\_\_\_\_

If yes, monthly amount: \_\_\_\_\_ To whom: \_\_\_\_\_

Do you pay mandatory union dues? \_\_\_\_\_ If yes, monthly amount: \_\_\_\_\_

*\*Please attach a copy of your 4 most recent pay stubs, benefit statements, & copies of your most recently filed state and federal tax returns.*

*\*Please attach any copies of and spousal/child support orders for any non-joint children not living with you.*

**Health Care Coverage & Medical Expenses**

Is there a cost to insure just yourself if you provide insurance for the child(ren)? \_\_\_\_\_

Do you provide health care coverage for your joint child(ren)? \_\_\_\_\_

Does someone else provide health care coverage for your joint child(ren)? \_\_\_\_\_

If yes, whom: \_\_\_\_\_

Are you or any member of your household:

- Enrolled in Oregon Health Plan, Healthy Kids, or any other public health care coverage?  Yes  No
- Receiving a state subsidy for public or private health care coverage?  Yes  No

Are any of the joint children enrolled in public health coverage (Oregon Health Plan, Healthy Kids)?  Yes  No

If yes to any, please list any covered and their relationship to you: \_\_\_\_\_

Please list the source of insurance (employer, spouse, etc.) \_\_\_\_\_

If you answered yes to any above:

Your total monthly premium cost: \_\_\_\_\_

Cost to cover only you: \_\_\_\_\_

Total number of people enrolled (not including yourself): \_\_\_\_\_

Number of joint children enrolled: \_\_\_\_\_

\*Please attach proof of insurance premiums

Do you receive any State assistance?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any consistent and reoccurring monthly out of pocket expenses (not covered by insurance) for any joint child(ren)?  Yes  No

If yes:

Name of child: \_\_\_\_\_ Reason for cost: \_\_\_\_\_ Cost per month: \_\_\_\_\_

Name of child: \_\_\_\_\_ Reason for cost: \_\_\_\_\_ Cost per month: \_\_\_\_\_

Name of child: \_\_\_\_\_ Reason for cost: \_\_\_\_\_ Cost per month: \_\_\_\_\_

Does anyone pay a share of the monthly out of pocket medical costs for the children?  Yes  No

If yes, who: \_\_\_\_\_ Amount they pay: \$ \_\_\_\_\_

***Your Childcare Expenses***

Do you pay for childcare for the joint child(ren) so you can work, train, or look for work?  Yes  No

If yes:

| <b>Paid To:</b> | <b>Name of Child:</b> | <b>Age:</b> | <b>Average Monthly Payment:</b> |
|-----------------|-----------------------|-------------|---------------------------------|
|                 |                       |             |                                 |
|                 |                       |             |                                 |

Does anyone else share the cost of childcare for the joint child(ren)?  Yes  No

If yes, Name: \_\_\_\_\_ Average monthly amount: \_\_\_\_\_

City where childcare is provided: \_\_\_\_\_

\*Please attach copies of proof of childcare expenses.

***Your parenting time***

This is:  Proposed  Occurring Now  Existing plan or written agreement

How many **annual** overnight does each joint child spend with you?

Name of Child: \_\_\_\_\_ # of Overnights: \_\_\_\_\_

Name of Child: \_\_\_\_\_ # of Overnights: \_\_\_\_\_

Name of Child: \_\_\_\_\_ # of Overnights: \_\_\_\_\_

Name of Child: \_\_\_\_\_ # of Overnights: \_\_\_\_\_

Name of Child: \_\_\_\_\_ # of Overnights: \_\_\_\_\_

\*Please attach a copy of the most recent parenting plan or written agreement.