

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

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

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

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

Obligee: State of Oregon

Other parties: \_\_\_\_\_

### Request for Parentage Tests and Denial of Paternity

I deny that [ ] I am [ ] \_\_\_\_\_ is the father of:  
\_\_\_\_\_ and request parentage tests.

This denial is based on the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

If you have hired a lawyer for child support issues, list the lawyer's name, address and phone number:  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** Upon receipt of a denial, parentage tests will be scheduled for all parties. You will receive a State's Notice to Appear telling you the time and place of your tests.

**Return this form to:**

DIVISION OF CHILD SUPPORT  
4600 25TH AVE NE #180  
SALEM OR 97301-  
TELEPHONE: (503) 986-6033  
FAX: (503) 986-6289  
TTY: (800) 735-2900

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 [www.doj.state.or.us](http://www.doj.state.or.us) and choose **"GET HELP WITH CHILD SUPPORT."**

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

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

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

CAS: \_\_\_\_\_

Other parties: \_\_\_\_\_

**TO:**

Current Monthly Child Support Amount: \$ \_\_\_\_\_

Most Recent Monthly Child Support Amount: \$ \_\_\_\_\_

Arrears: \$ \_\_\_\_\_ as of \_\_\_\_\_

### Compliance Agreement

**License Suspension**

**Self-Employed Obligor**

**Exception to Income Withholding - Child in State Care**

**Reduced Income Withholding - Obligee/CAS Arrears Only**

**Reduced Income Withholding - Child in State Care**

I AGREE to pay \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month, beginning \_\_\_\_\_ by check or money order to Child Support Payments, Division of Child Support, PO Box 14506, Salem, OR 97309. This agreement is based on a monthly income of \$ \_\_\_\_\_.

I AGREE to pay \$ \_\_\_\_\_ each month by income withholding. If I am already paying by income withholding, the Child Support Program will notify my employer to change the withholding amount to the new agreed amount.

I AGREE to increase the monthly payments to \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month, beginning \_\_\_\_\_. This agreement is based on a monthly income of \$ \_\_\_\_\_. If a temporary hardship exception is included in this agreement and I need a new agreement because the hardship continues to exist, I must contact the CSP office listed in this form 30 days before the amount is scheduled to increase.

I AGREE to \_\_\_\_\_  
by \_\_\_\_\_.

I agree to request a review for modification by \_\_\_\_\_.

This agreement remains in effect  until the agreement is amended or terminated, or the case no longer qualifies for license, suspension.  until \_\_\_\_\_ unless the agreement is amended or terminated, or the case no longer qualifies for license suspension.

I UNDERSTAND:

1. This agreement does not modify the child support order.
2. If I do not comply with the terms of this agreement, the CSP may terminate the agreement [ ] and notify the licensing agency(ies) to suspend my license(s) without further notice to me.
3. The Child Support Program (CSP) may suspend, amend, or terminate this agreement if:
  - A. There is a change in the amount of current child support;
  - B. There is a change in income which would change the agreement amount;
  - C. I have under reported income in the establishment of the agreement,
  - D. I have requested an exception and my support order is modified.
  - E. The child support case closes.
  - F. The child leaves state care.

[ ]

4. [ ] Complying with this agreement will prevent license suspension only. My compliance with this agreement does not prevent other child support enforcement actions. I am still subject to income withholding, garnishment and state and federal income tax offset, and any other enforcement action not specifically excluded in this notice. I understand that any information I provide may be used in other enforcement actions, including contempt actions.
5. I must tell the CSP within 10 days of a change in my address, phone number, driver's license number or current employer's name and address.

[ ]

If agreement is not signed and dated, the CSP will continue with the license suspension process without further notice to you.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Obligor

[ ]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for the Obligor                      OSB#

**IT IS SO AGREED:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

[ ]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Oblige

[ ]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Child Attending School

Division of Child Support  
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Salem, OR 97301  
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