

**IN THE COURT OF THE  
CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION**

In the Matter of the Marriage of: \_\_\_\_\_ )

No. \_\_\_\_\_ )

\_\_\_\_\_ )  
Petitioner, )

**AFFIDAVIT SUPPORTING  
PARENTING PLAN**

and )

Submitted by:  Respondent  Petitioner

\_\_\_\_\_ )  
Respondent. )

Agreed upon by both parents

STATE OF OREGON )

) ss.

County of \_\_\_\_\_ )

I, \_\_\_\_\_, swear/affirm under oath that:

1. I am/we are the parent of the following children, for whom the attached Parenting Plan has been proposed:

Full Name	Date of Birth	Tribal Affiliation	Sex
			<input type="checkbox"/> M <input type="checkbox"/> F
			<input type="checkbox"/> M <input type="checkbox"/> F
			<input type="checkbox"/> M <input type="checkbox"/> F
			<input type="checkbox"/> M <input type="checkbox"/> F
			<input type="checkbox"/> M <input type="checkbox"/> F

2. The following is a list of the names, addresses, and tribal affiliation of all individuals with whom the children listed above have lived for one year or more. If a child is less than one year old, this list includes all individuals with whom the child has lived for a significant period of time since birth.

Name of Child	Name and Address of Individual	Length of Stay	Individual's Tribal Affiliation

Additional page is attached, labeled "Paragraph 2 – Residence of Children, continued."

3. During the last two years (or more), the caretaking and parenting functions for our children have been performed as follows:

Type of Caretaking or Parenting Activity(s)	Name of Parent / Other Person / Entity that Usually Performs Activity

Additional page is attached, labeled "Paragraph 3 – Caretaking and Parenting Functions, continued."

4. The current employment and child-care schedules of each parent and any other person seeking custody of the children under the Parenting Plan are as follows:

Name of Person Seeking Custody	Employment Schedule	Child-Care Schedule

Additional page is attached, labeled "Paragraph 4 – Employment and Child-Care Schedules, continued."

5. *Check here and complete, if applicable:*  I/we expect the employment and/or child-care schedules described above to change in the future as follows:

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6. The school and extracurricular activities for the children are scheduled as follows:

Name of Child	Extracurricular Activity	Day/Time of Activity

Additional page is attached, labeled "Paragraph 6 – School and Extracurricular Activities, continued."

7. *Check here and complete, if applicable:*  One or both parents has: abused, neglected or abandoned a child; inflicted domestic violence; abused drugs, alcohol, or another substance abuse that interferes the ability to parent; interfered persistently with the other parent's access to the child (except as necessary to protect the child); or committed as sex offense, as follows:

Name of Parent / Household Member	Conduct

8. *Check here and complete, if applicable:*  A court case or restraining order involving child abuse or domestic violence concerning our family exists in the following court(s):

Name of Court	Case Number

9. The following chart provides Petitioner’s gross monthly income (income before taxes and deductions) from all sources, to the best of my/our knowledge:

Type of Income (wages, commissions, dividends, trust income, unemployment, disability, social security, etc.)	Monthly Gross Income From This Source
	\$
	\$
	\$
	\$
<input type="checkbox"/> Additional page is attached, labeled “Paragraph 9 – Income, continued.”	

10. The following chart provides Respondent’s gross monthly income (income before taxes and deductions) from all sources, to the best of my/our knowledge:

Type of Income (wages, commissions, dividends, trust income, unemployment, disability, social security, etc.)	Monthly Gross Income From This Source
	\$
	\$
	\$
	\$
<input type="checkbox"/> Additional page is attached, labeled “Paragraph 10 – Spouse’s Income, continued.”	

11. *Check here and complete, if applicable:*  Petitioner and/or  Respondent has debt and high expenses (extraordinary debt not voluntarily incurred; a cost of living that is significantly higher than the other spouse due to conditions beyond their control; special needs of disabled children; special medical, educational, or psychological needs of the children; costs incurred to expected to be incurred related to a child welfare matter; or a duty to pay child support to support children from other relationships) as follows:

\_\_\_\_\_.

12. To the best of my/our knowledge, Petitioner and Respondent agree about the following parts of the Parenting Plan(s) submitted in this case:

\_\_\_\_\_.

13. To the best of my/our knowledge, Petitioner and Respondent disagree about the following parts of the parenting plan(s) submitted in this case:

\_\_\_\_\_  
\_\_\_\_\_.

14. *Check here if applicable:*  I request that the court maintain the confidentiality of the information provided in this affidavit because I fear that my spouse will commit child abuse or domestic violence and believe that disclosure of this information would increase safety risks.

15. Other:

\_\_\_\_\_  
\_\_\_\_\_

**I acknowledge that I signed this instrument as my free and voluntary act and deed, for the uses and purposes herein mentioned.**

***Please take this document to a Notary BEFORE you sign it.***

\_\_\_\_\_  
Signature of Petitioner Date

Printed name of Petitioner: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.  
  
\_\_\_\_\_  
Notary Public for the State of Oregon  
My Commission Expires: \_\_\_\_\_

**IF BOTH PARENTS AGREE AND ARE FILING A JOINT PARENTING PLAN:**

\_\_\_\_\_  
Signature of Respondent / Other Parent Date

Printed name of Respondent / Other Parent: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.  
  
\_\_\_\_\_  
Notary Public for the State of Oregon  
My Commission Expires: \_\_\_\_\_

**IN THE COURT OF THE  
CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION**

In the Matter of the Marriage of:   <hr style="width: 30%; margin-left: 0;"/> Petitioner,  and  <hr style="width: 30%; margin-left: 0;"/> Respondent.	) ) ) ) ) ) ) ) ) ) ) )	No. _____  <b>PARENTING PLAN (Exhibit 1)</b>  Proposed by: <input type="checkbox"/> Respondent <input type="checkbox"/> Petitioner <input type="checkbox"/> Agreed upon by both parents <input type="checkbox"/> Ordered by the Court
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**IMPORTANT NOTICE:** The terms of your Parenting Plan will affect your legal rights and responsibilities. Your decisions about how much time your children will spend in the care of each parent will have important financial implications (*i.e.*, how much child support a parent is responsible for, whether a parent can claim a tax dependency deduction, etc.). It is recommended that you consult an attorney before filing your Parenting Plan with the court.

**1. GOALS FOR OUR CHILDREN.** This plan is intended to promote the healthy and safe development of our children, by providing them with stability, predictability, and continued contact with each parent. I/we acknowledge that each parent is responsible for providing the children with a quality experience and for acting in the children's best interests. I/we recognize that this plan cannot address every possible situation that might occur, and therefore agree to carry out this plan in a spirit of good faith and cooperation.

**2. CHILDREN OF THE MARRIAGE** (*If applicable:*  additional names are listed on an attached page).

Full Name	Date of Birth	Current Age	Tribal Affiliation	Sex
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

**3. PARENT DESIGNATIONS; PRIMARY RESIDENCE.** For the purposes of describing the parenting time schedule, “**Parent A**” is the parent who the children stay with more than half the time. “**Parent B**” is the parent who the children stay with less than half the time. If the parenting time is exactly even, it does not matter who is assigned which letter. In this document, **Parent A is:** \_\_\_\_\_ (name); and **Parent B is:** \_\_\_\_\_ (name).

*Check one:*

- Parent A’s home shall be considered the child’s “primary residence.”
- Neither parent’s home shall be considered the child’s “primary residence.”

**4. SAFETY CONCERNS, IF ANY.** *If there are safety concerns that impact whether parenting time with one parent is safe and healthy for the children, check the boxes below, if applicable, or consider filing a Safety Focused Parenting Plan, available from the Court Clerk.*

To promote the health and safety of the children, parenting time with  Petitioner  Respondent shall be supervised by (*name person or entity to supervise visitation*): \_\_\_\_\_ .  Any cost of the supervision shall be paid by  Petitioner  Respondent  Other:

Petitioner  Respondent shall not have parenting time because this would endanger the health and safety of the child/ren because (*list facts describing the danger to the health and safety of the children*): \_\_\_\_\_ .

**5. WEEKLY SCHEDULE.** We will follow the following weekly schedule:

<p><b><u>PARENT A:</u></b> Parent A shall be responsible for the children’s care: (<i>check one</i>) <input type="checkbox"/> Whenever the children are not scheduled to be with Parent B; or <input type="checkbox"/> On the following days / times:</p> <p><b>Weekends:</b> <input type="checkbox"/> Every <input type="checkbox"/> Every other <input type="checkbox"/> Other: _____ From: _____ (day) at _____ (time), until: _____ (day) at _____ (time).</p> <p><b>Weekdays:</b> Specify day(s): _____, from _____ (time), until: _____ (day) at _____ (time).</p> <p><b>Other:</b> _____</p>
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<p><b><u>PARENT B:</u></b> Parent B shall be responsible for the children’s care on the following days / times:</p> <p><b>Weekends:</b> <input type="checkbox"/> Every <input type="checkbox"/> Every other <input type="checkbox"/> Other: _____ From: _____ (day) at _____ (time), until: _____ (day) at _____ (time).</p>
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\_\_\_\_\_ (time).

**Weekdays:**

Specify day(s): \_\_\_\_\_, from \_\_\_\_\_ (time), until: \_\_\_\_\_ (day)  
at \_\_\_\_\_ (time).

**Other:**

**6. VACATION AND HOLIDAY SCHEDULE.**

**A. Summer Schedule: (check one)**

We will follow our weekday and weekend schedule during the summer. **(SKIP TO 6B)**

We will follow our weekday and weekend schedule during the summer, but each parent will have the chance to spend weeks of uninterrupted vacation time with the children each summer. We will confirm our vacation schedules in writing by the end of each year. **(SKIP TO 6B)**

We will follow a different parenting time schedule during the summer, as follows:

**PARENT A:** Parent A shall be responsible for the children's care: (check one)  Whenever the children are not scheduled to be with Parent B; or  On the following days / times:

**Weekends:**

Every  Every other  Other: \_\_\_\_\_  
From: \_\_\_\_\_ (day) at \_\_\_\_\_ (time), until: \_\_\_\_\_ (day) at \_\_\_\_\_ (time).

**Weekdays:**

Specify day(s): \_\_\_\_\_, from \_\_\_\_\_ (time), until: \_\_\_\_\_ (day)  
at \_\_\_\_\_ (time).

**Other:**

**PARENT B:** Parent B shall be responsible for the children's care on the following days / times:

**Weekends:**

Every  Every other  Other: \_\_\_\_\_  
From: \_\_\_\_\_ (day) at \_\_\_\_\_ (time), until: \_\_\_\_\_ (day) at \_\_\_\_\_ (time).

**Weekdays:**

Specify day(s): \_\_\_\_\_, from \_\_\_\_\_ (time), until: \_\_\_\_\_ (day)  
at \_\_\_\_\_ (time).

**Other:**



**B. School Breaks and Holiday Schedule: (check one)**

We will follow our weekday and weekend schedule for all holidays and school breaks. If we choose to vary from the regular schedule for a holiday or break, we will follow the rules for temporary schedule changes in paragraph 4.4 below. **(SKIP TO 7)**

We will follow the **Detailed Holiday Schedule** below for any holiday or school break selected. For the holidays we check, this schedule overrides the weekday and weekend schedule above. If there is no special schedule for a holiday, we will follow the weekday and weekend schedule above.

**DETAILED HOLIDAY SCHEDULE**

Holiday	Is there a special schedule?	Special Schedule, if applicable	
		Parent A	Parent B
<b>Spring Break</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	Begin day and time: _____ . End day and time: _____ . Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd	Begin day and time: _____ . End day and time: _____ . Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd
		Other plan:	
<b>Mother's Day</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Our children will spend the day with Mother every Mother's Day from 9AM until 6PM. <input type="checkbox"/> Other Plan:	
<b>Memorial Day Weekend</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	Begin day and time: _____ . End day and time: _____ . Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd	Begin day and time: _____ . End day and time: _____ . Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd
		Other plan:	
<b>Father's Day</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Our children will spend the day with Father every Father's Day from 9AM until 6PM. <input type="checkbox"/> Other Plan:	
<b>Fourth of July</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	Begin day and time: _____ . End day and time: _____ . Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd	Begin day and time: _____ . End day and time: _____ . Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd
		Other plan:	
<b>Labor Day Weekend</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	Begin day and time: _____ . End day and time: _____ . Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd	Begin day and time: _____ . End day and time: _____ . Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd
		Other plan:	
<b>Thanks-</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	Begin day and time:	Begin day and time:

<b>giving</b>		_____. End day and time: _____. Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd	_____. End day and time: _____. Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd
		Other plan:	
<b>Christmas / Winter Break</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	Begin day and time: _____. End day and time: _____. Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd <b>OR</b> <input type="checkbox"/> The following age specific plan (if our children are in different age groups, we will follow the plan for the <input type="checkbox"/> youngest <input type="checkbox"/> oldest child): For children under age 3: From 9AM until 6PM on Dec. 24 in odd years and from 9AM until 6PM on Dec. 25 in even years. For children age 3 and older: From noon on the day after school ends until noon on Dec. 26 in odd years and from noon on Dec. 26 until noon on the day before school resumes in even years.	Begin day and time: _____. End day and time: _____. Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd <b>OR</b> <input type="checkbox"/> The following age specific plan (if our children are in different age groups, we will follow the plan for the <input type="checkbox"/> youngest <input type="checkbox"/> oldest child): For children under age 3: From 9AM until 6PM on Dec. 24 in even years and from 9AM until 6PM on Dec. 25th in odd years. For children age 3 and older: From noon on the day after school ends until noon on Dec. 26 in even years and from noon on Dec. 26 until noon on the day before school resumes in odd years.
		Other plan:	
<b>New Year's Eve / Day</b> (odd/even is based on New Year's Day)	<input type="checkbox"/> Y <input type="checkbox"/> N	Begin day and time: _____. End day and time: _____. Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd	Begin day and time: _____. End day and time: _____. Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd
		Other plan:	
<b>Children's Birthdays</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	Begin day and time: _____. End day and time: _____. Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd	Begin day and time: _____. End day and time: _____. Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd
		Other plan:	
<b>All 3 day weekends not listed above</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> If a parent has our children on a weekend with an unspecified holiday or non-school day attached, the children shall be in that parent's care for the holiday or non-school day.	
		<input type="checkbox"/> Other Plan:	
<b>Other</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	Begin day and time:	Begin day and time:

<b>Important day for our family:</b>		_____. End day and time: _____. Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd	_____. End day and time: _____. Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd
	Other plan:		
<b>Other important day for our family:</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	Begin day and time: _____. End day and time: _____. Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd	Begin day and time: _____. End day and time: _____. Years: <input type="checkbox"/> Every <input type="checkbox"/> Even <input type="checkbox"/> Odd
	Other plan:		

**7. HOW WE WILL EXCHANGE OUR CHILDREN.**

**A. Timeliness.** Parents will arrive within minutes of the time they are scheduled to be with the children. If an unavoidable delay occurs, the delayed parent shall contact the other parent immediately.

**B. Exchange Point/Transportation.** Unless otherwise agreed by the parties, exchange of the children will be: *(check one)*

The home of the parent who is beginning his/her time with the children. The parent who is ending their time with the children shall be responsible for dropping them off at the other parent's home. **Drop off at Parent A's home shall be at:**  front door  curbside  other: \_\_\_\_\_ . **Drop off at Parent B's home shall be at:**  front door  curbside  other: \_\_\_\_\_ .

A neutral place as follows: \_\_\_\_\_. The parents shall share responsibility for bringing the children to/from the exchange.

Other: \_\_\_\_\_ .

**C. Additional provisions: (optional – check all that apply)**

If a parent starts his/her parenting time while the children are at school or in daycare, that parent shall pick the children up directly at the school or daycare. If the children are supposed to be at school or in day care at the end of a parent's scheduled parenting time, that parent shall drop the children off directly at the school or daycare.

These individuals are known to the children. If either parent is unable to provide transportation on a given occasion, he/she may designate one of the following individuals to do so: \_\_\_\_\_ .

Other: \_\_\_\_\_ .

**D. Clothing & Medication.** The parents shall have the children ready with the clothing they need and any necessary medications at the scheduled time of exchange. All clothing and medications that accompanied the children shall be returned with them to the other parent.

**8. HOW WE WILL MAKE DECISIONS ABOUT OUR CHILDREN.**

**IMPORTANT NOTICE:** Your decision to select Joint or Sole Custody may have important legal consequences. You are strongly encouraged to consult with an attorney about these consequences before making your final decision about Joint or Sole Custody.

**A. Day-to-Day Decisions.** Each parent will have the sole responsibility for making day-to-day decisions regarding the care and control of our children while the children are in that parent's custodial care and control, including emergency decisions affecting the health and safety of the children.

**B. Major Decisions (Legal Custody).** Major life decisions about the children, including but are not limited to decisions about the children's education and health care, will be made as follows: *(check one)*

The parents have agreed to share in the responsibility for making major decisions about the children. This arrangement is known by the courts as **Joint Custody**.

\_\_\_\_\_ (parent's name) shall make all major decisions about the children. This arrangement is known by the courts as **Sole Custody**.

**C. Optional Provisions: (check if applicable)**

The custodial parent will **consult** (discuss) with the other parent:  Before making major decisions; or  Before making major decisions on these specific issues:

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The custodial parent will **notify** the other parent:  Before making major decisions; or  Before making major decisions on these specific issues: \_\_\_\_\_

**9. INFORMATION SHARING.** Unless there is a court order stating otherwise:

- Both parents should have access to the children's school and health-care records to which parents have access by other law, except insofar as such access is not in the best interest of the children or when the provision of such information might endanger an individual who has been the victim of child abuse or domestic violence. Both parents have equal rights to inspect and receive governmental agency and law enforcement records concerning the children.

- Each parent has a continuing responsibility to provide a residential, mailing, or contact address and contact telephone number to the other parent.

- Each parent has a continuing responsibility to immediately notify the other parent of any emergency circumstances or substantial changes in the health of the children, including the children's medical needs.

**10. HOW WE WILL COMMUNICATE ABOUT AND WITH OUR CHILDREN.**

**A. Parent and Child Communication. Check one:**

Both parents and children shall have the right to communicate by telephone, in writing or by e-mailing during reasonable hours without interference or monitoring by the other parent.

Rules for telephone, letters, e-mail or other parent and child communication are: *(describe)*

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**B. Parent to Parent Communication.**

Rules for telephone, letters, e-mail or other parent to parent communication are: *(describe)*

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**11. FUTURE MOVES BY A PARENT.** Unless there is a court order stating otherwise, each parent who changes, or intends to change, residences for more than 90 days shall give a minimum of 60 days advance notice, or the earliest notice practicable under the circumstances, to the other parent. The notice must include the intended date of the move, the new address, the specific reasons for the move, and a proposal for how custodial responsibility should be modified, if necessary, in light of the intended move.

Additional rules about moving, if any, are: *(describe)*

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**12. OTHER PROVISIONS ON HOW WE WILL WORK TOGETHER FOR OUR CHILDREN.**

**A. Children's Activities.** Children are often involved in activities other than school, such as sports, clubs, and other activities. Both parents are encouraged to take part both school and in non-school activities with their children during their parenting time. Non-school activities should not unreasonably interfere with either parent's schedule and parenting time. Non-school activities that may affect the other parent's schedule: *(check one)*

Must be coordinated with the other parent.

Will be planned to occur primarily during one parent's scheduled parenting time.

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

**B. Makeup and Missed Parenting Time.** If a child is so ill that the child is unable to spend time with a parent, there will be **no** make-up of parenting time **unless** the parents agree: (*check one*)  in writing  verbally. If a parent is unable to have the children during his/her scheduled parenting time for any reason, there will be **no** make-up of parenting time **unless** the parents agree: (*check one*)  in writing  verbally.

**C. Mutual Respect.** The parents will not say things or knowingly allow others to say things in the presence of the children that would take away the children's love and respect for the other parent.

**D. Alternate Care.** These are our ground rules for babysitters, day care providers, and other caregivers: (*check all that apply*)

We choose not to specify ground rules for alternate care.

If a parent is unable to be with the children during scheduled parenting time, the other parent shall be the first choice to provide of their care.

Only the following people may provide alternate care: \_\_\_\_\_.

The following people may **not** provide alternate care: \_\_\_\_\_.

Other: \_\_\_\_\_.

**E. Other Items:** (*Add any other items you would like to include in your plan. Attach additional pages, as needed.*)

\_\_\_\_\_  
\_\_\_\_\_

**13. TEMPORARY CHANGES TO PARENTING TIME.** Temporary changes to the parenting time schedule may be made at any time if both parents agree ahead of time. *Check one:*

The parents **may agree verbally** to any temporary changes in the parenting time schedule.

The parents **must agree on** temporary changes to the parenting time schedule **in writing**.

**14. PERMANENT CHANGES TO THE SCHEDULE.** Permanent changes can be made only by applying to the court for a modification. One parent cannot change a court-ordered Parenting Plan on their own.

**15. DISPUTE RESOLUTION.** We will try to work out any parenting plan disputes on our own. Only as a last resort will we resolve disputes through court action. Prior to filing any court action: (*check one*)

We will use a mutually agreed-upon, neutral third-party (such as a mediator, counselor, or other professional) to resolve any parenting plan disputes before filing a court action about the parenting plan. This shall not apply where a parent has engaged in child abuse or neglect, domestic violence, substance abuse that interferes with the ability to perform caretaking functions, persistent interference with the other parent's access to the children, or the commission of a sex offense, or where financial circumstances prohibit such dispute resolution.

A dispute resolution process shall not be required prior to filing a court action.

**SIGNATURES.** My signature below indicates that I have read and agree with what has been decided and written in this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Petitioner  Respondent

Petitioner  Respondent

**Note:** If this parenting plan is attached to a signed order or judgment of the court, the custody provisions in the plan should be consistent with what is in the judgment or order. In the event of a conflict, the custody designation in the signed order or judgment shall prevail.

**IN THE COURT OF THE  
CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION**

In the Matter of the Marriage of: \_\_\_\_\_ ) No. \_\_\_\_\_  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Petitioner, \_\_\_\_\_ ) **CHILD SUPPORT WORKSHEET**  
 \_\_\_\_\_ ) **(Exhibit 2)**  
 and \_\_\_\_\_ ) Provided by:  Respondent  Petitioner  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Respondent. \_\_\_\_\_ )

**CHILD SUPPORT WORKSHEET**

**PARENTS**

<b>Father:</b>	<b>Mother:</b>
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**1. INCOME**

<b>1a</b>	<b>Income</b>		
<b>1b</b>	<b>Additions to and subtractions from income</b>		
	Add spousal support owed to the parent		
	Subtract spousal support the parent owes		
	Subtract mandatory union dues		
	Subtract cost of the parent's own health care coverage, if required to enroll this child. Do not count if counting makes health care coverage not reasonable in cost (line 7d).		
<b>1c</b>	<b>Number of additional children each parent supports</b>		

**2. BASIC SUPPORT**

<b>2a</b>	<b>Number of children</b> in this calculation	
<b>2b</b>	<b>Will there be a parenting time credit?</b> Enter "yes" if: 1) there is a court order or written agreement for parenting time OR custody is split; <i>and</i> 2) each parent has 25% or greater parenting time ( <i>or</i> , if the child lives with a caretaker, at least one parent has 25% or greater parenting time.). Otherwise, enter "no."	



**3. PARENTING TIME CREDIT**

\*Only complete this section if the answer to 2b is "yes."

**Other:**

<b>3a</b>	<b>Percentage shares of parenting time</b>	%	%	%
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**4. CHILD CARE COSTS**

<b>4a</b>	<b>Parent's child care costs</b> including government assistance.			
<b>4b</b>	<b>For how many children is the parent paying the costs entitled to a child care tax credit</b> (usually only the parent with the most parenting time for a child under 13 may claim the credit for that child)			

**5. CREDIT FOR SOCIAL SECURITY OR VETERANS' BENEFITS**

<b>5a</b>	Enter the amount of the benefit paid to a child or on a child's behalf in the disabled or retired parent's column.			
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**6. HEALTH INSURANCE**

<b>6a</b>	<b>Health insurance premium</b> cost for the children only. Enter "none" if no comprehensive, accessible insurance is available.			
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**SIGNATURE.** My signature below indicates that I have read and agree with what has been written in this document.

\_\_\_\_\_  
Signature of parent submitting worksheet

\_\_\_\_\_  
Date