

IN THE CIRCUIT COURT OF THE STATE OF OREGON
 FOR CLACKAMAS COUNTY
Civil Division – 807 Main St. Oregon City, OR 97045 503-655-8447
(court's address and phone number)

Case name: _____)	CASE No. _____
Plaintiff Name _____)	REQUEST TO INSPECT UTCR 2.100 SEGREGATED INFORMATION SHEET
v. _____)	
_____)	
¹ ST Defendant Name _____)	

By this form, I request to see or obtain a copy of part or all of a UTCR 2.100 Segregated Information Sheet (SIS) that is being withheld from the public. I have completed this form to provide the information the court requires of me to make this request. I understand the court will not automatically grant this request but will use applicable law to decide whether I have a right to see or copy the information I request. I understand this request will be a public record whether or not granted.

1. Information about me:

- a. My name: _____
- b. My address: _____
- c. My telephone number: _____
- d. Other contact information for me: _____
- e. I believe I have a legal right to see the information because (*explain reasons*): _____

2. To identify the UTCR 2.100 Segregated Information Sheet (SIS) I am requesting:

- a. Name of person who submitted request for SIS: _____
- b. Date request submitted: _____
- c. Description of document from which information is segregated: _____
- d. General description(s) of protected personal information I am requesting to see (*use same general description as on request in file*): _____
- e. Row number(s) of description of this information on request: _____
- f. Name of person to whom information relates (*if known*): _____
- g. The request for the SIS shows that the SIS includes other information I am not requesting to inspect or copy (*check one*) ___ Yes OR ___ No. (*If Yes, this other information will be redacted*)

3. Confirming additional requirements completed:

- a. *(Initial to confirm, "na" if not applicable)* ___ If this document was prepared by someone who is not an attorney, I have attached a completed document preparation certification that applies to both this request and the attached form as required by UTCR 2.010(7).
- b. *(Initial to confirm)* ___ I have mailed or delivered copies of this request to the following persons required by UTCR 2.080 (*list names*): _____
- c. *(Initial to confirm)* ___ I understand that I will be responsible for any costs resulting from the court responding to this request, except those costs for which I have obtained a waiver, and will advance money to cover those costs if requested by the court.

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Date _____ Signature _____

OSB# (*if applicable*) _____ Type or print name _____

For Office use:

Request to inspect ___ granted OR ___ denied (*state reason*): _____

Date: _____

TRIAL COURT ADMINISTRATOR

By _____