

**IN THE CIRCUIT COURT OF THE STATE OF OREGON**  
**FOR THE COUNTY OF \_\_\_\_\_**

_____ Petitioner/Plaintiff,	)	
v.	)	<b>Case No.</b> _____ <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant
_____ Respondent/Defendant.	)	<b>APPLICATION FOR DEFERRAL OR WAIVER OF FEES</b>

I am asking for deferral or waiver of fees in this case because I am unable to pay all or part of the fees. The following information is complete and accurate to the best of my knowledge. I understand that I may be required to provide documentation verifying this information. I understand that failure to do so could result in my request being denied.

**You must complete the attached Declaration for Deferral or Waiver of Fees with this application.** The declaration is designed to prove to the court that you do not have sufficient financial resources to pay the fees.

1. I am applying for deferral or waiver of the following fees (check one box only):

- |  |  |
|--|--|
| <input type="checkbox"/> Filing Fee Only | <input type="checkbox"/> Filing Fee(s) + Sheriff's Service Fee*                              |
| <input type="checkbox"/> Hearing Fee(s)  | <input type="checkbox"/> Arbitration Fee(s) <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Motion Fee(s)   | <input type="checkbox"/> Trial Fee(s) _____  |

\*Papers may be served by any competent person that is at least 18 years of age; a resident of Oregon or the state where service is made; and is not a party to the case or a party's attorney, employee, officer, or director. If you are requesting a deferral or waiver of the sheriff's service fee, please explain why you cannot find another qualified person to serve the papers instead of the sheriff:

---



---

2. I declare that (check one of the boxes below):

- I am receiving assistance from the following programs (check all that apply):
- |  |  |
|--|--|
| <input type="checkbox"/> Food Stamps (SNAP)*         | <input type="checkbox"/> Oregon Health Plan with Limited Drug          |
| <input type="checkbox"/> Oregon Health Plan Standard | <input type="checkbox"/> Supplemental Security Income (SSI)            |
| <input type="checkbox"/> Oregon Health Plan Plus     | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) |

If you checked the above box, you must be prepared to show proof that you are receiving assistance from the program. \*(SNAP – Supplemental Nutrition Assistance Program).

- Even though I am NOT receiving assistance from any of the above programs, I am still unable to pay the fees.

3. If the court defers fees, I understand that:
- a. The fees are an obligation owed by me to the State of Oregon and that the court may place me on a payment schedule. I agree to pay the fees according to the payment schedule. If I fail to pay according to the payment schedule, the total amount of the unpaid fees are due immediately.
  - b. The court may enter a judgment against me for the unpaid amount of the fees that are deferred and the judgment will be enforced without regard to the outcome of the case.
  - c. If the court establishes a payment schedule or refers a judgment for collection, the law allows administrative and collection costs to be automatically added to the judgment without further notice to me or further action by the court.
4. I understand that if the clerk denies my application, I have the right to ask a judge to review my application.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Name of Applicant (printed or typed)