

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
 FOR DOUGLAS COUNTY  
 Small Claims Division - 1036 SE Douglas Ave. Room 201 Roseburg OR 97470 541-957-2415  
(court's address and phone number)

\_\_\_\_\_  
 Plaintiff )  
 )  
 v. )  
 )  
 \_\_\_\_\_ )  
 )  
 \_\_\_\_\_ )  
 Defendant(s) )

CASE No. \_\_\_\_\_  
**REQUEST FOR DEFAULT JUDGMENT;  
 DEFENDANT STATUS AFFIDAVIT**

(NOTE: Complete this and attach a completed Judgment you propose)

I, \_\_\_\_\_ request default judgment against \_\_\_\_\_  
Name Other Party's Name  
 for the following :

- A total judgment award of \$ \_\_\_\_\_, which total includes:
1. Money awarded in the amount of \$ \_\_\_\_\_,
  2. Prejudgment interest of \$ \_\_\_\_\_,
  3. Accrued arrearages of \$ \_\_\_\_\_, if any,
  4. Costs and service expenses of \$ \_\_\_\_\_,
  5. A prevailing party fee under ORS 20.190 of \$ 85.00

I request judgment include postjudgment interest at a rate of \_\_\_\_\_% per annum based on \_\_\_\_\_  
(authority for interest)

And, I request the following terms in addition to or in lieu of a money award:  NONE, or \_\_\_\_\_

I have attached a completed proposed small claims judgment for purposes of this request.

In furtherance of this request, I state that:

1. The above-named defendant(s) was duly and regularly served with a copy of the claim and failed to pay the claim or demand a hearing or trial within 14 days;
2. The person against whom I seek judgment by this request:
  - (a) is not one of the following defined by ORS 125.005 and protected by ORCP 69 B: a minor, incapacitated, a protected person, or a respondent;
  - (b)  is  is not  I am unable to determine whether this person is a person protected by the Servicemembers Civil Relief Act (50 U.S.C. App. 501 to 596). The facts that support this statement are: \_\_\_\_\_

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.

\_\_\_\_\_  
 Plaintiff's Name (print)

DATED: \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature