

**IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MULTNOMAH**

)	
Petitioner/Plaintiff,)	Case No. _____
v.)	<input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Co-Petitioner
)	<input type="checkbox"/> Respondent/Defendant
Respondent/Defendant.)	APPLICATION for FULL OR PARTIAL WAIVER OF FEES AT END OF CASE

I was granted an ORDER DEFERRING FEES earlier in this case. I am still unable to pay all or part of the fees that were deferred. The total amount of my deferred fees in this case is \$_____.

I am asking for a **FULL WAIVER** because I cannot pay any of my deferred costs now or in the reasonable future.

I am asking for a **PARTIAL WAIVER** because I cannot pay all of my deferred costs now or in the reasonable future.

I am asking that \$_____ be waived and I will pay the balance of \$_____. I understand that I will have to pay additional fees if I do not pay the ordered fees within 30 days of the date the Judge issues an order on this issue.

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. **I have also completed and attached a new Declaration for Deferral or Waiver of Fees with this application.** I understand my request will not be considered without this document.

1. 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 deferred fees (even with money or assets I may receive in this case) because:

_____.

Date

Signature of Applicant

Name of Applicant (printed or typed)