

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

	)	
	)	Case No. _____
	)	
	)	
Petitioner/Plaintiff,	)	<b>MOTION for REVIEW OF ORDER RE FEES AT END</b>
	)	<b>OF CASE; with:</b>
v.	)	<input type="checkbox"/> <b>LIMITED JUDGMENT</b>
	)	<input type="checkbox"/> <b>SUPPLEMENTAL JUDGMENT</b>
	)	
	)	Re Fees of :
Respondent/Defendant.	)	<input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant
	)	<input type="checkbox"/> Co-Petitioner _____
		<i>Name</i>

This matter came before the Court:

At the request of the  Petitioner  Respondent  Co-Petitioner \_\_\_\_\_ as shown by the signature on page 2. The request is supported by an updated Declaration for Wavier or Deferral of Fees.

On the Judge's own motion based on:

- Testimony given on \_\_\_\_\_ date
- Affidavit dated \_\_\_\_\_
- Other \_\_\_\_\_

**IT IS HEREBY ORDERED** that regarding the following matter:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> General Judgment           | <input type="checkbox"/> Modification     | <input type="checkbox"/> Contempt     |
| <input type="checkbox"/> Parenting Time Enforcement | <input type="checkbox"/> Motion to Vacate | <input type="checkbox"/> Other: _____ |

the prior order re fees against the party named above:

1.  **NO CHANGE**  
Shall remain in effect WITHOUT CHANGE.
  
2.  **PARTIAL WAIVER**  
Is changed to REDUCE the fees owed to the sum of \$ \_\_\_\_\_.  
The State of Oregon shall have judgment in this amount. The balance of fees is WAIVED.
  
3.  **FULL WAIVER**  
Is changed to ELIMINATE ALL fees owed. Any fees imposable in this proceeding are WAIVED.
  
4.  **OTHER:** \_\_\_\_\_

**MONEY AWARD**

Judgment Creditor: State of Oregon

Judgment Creditor's Attorney: Attorney General, Salem, OR

Full Name Judgment Debtor: \_\_\_\_\_ Year of Birth (if known) \_\_\_\_\_

Address: \_\_\_\_\_ (street/city/state/zip)

Last Four Digits of Debtor's Driver's License: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Last Four Digits of Debtor's Social Security Number \_\_\_\_\_

Name of Attorney for Debtor (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

Name of any person or public body, other than Judgment Creditor's attorney, known to the Judgment Creditor to be entitled to any portion of the award: \_\_\_\_\_

Judgment amount: \_\_\_\_\_ No interest : ORS 21.700(1).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Circuit Court Judge

I am making this request.

\_\_\_\_\_  
 Petitioner    Co-Petitioner    Respondent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Phone