

IN THE COURT OF APPEALS OF THE STATE OF OREGON

Appellant (or Petitioner)

v.

Respondent(s)

MOTION AND DECLARATION FOR WAIVER OR DEFERRAL OF FEES

- Appellant's (or Petitioner's) motion
 Respondent's motion

Appellate Case No. (if known) _____

Lower Court or Agency No. _____

Lower Court or Agency Name _____

Please note: Filing this form may result in a debt to the State of Oregon for the amount of a filing fee. Read the following carefully.

ACCESS TO THIS DOCUMENT IS RESTRICTED TO PROTECT THE PRIVACY OF PARTIES

I am asking for deferral or waiver of fees in this case because I am unable to pay all or part of the fees right now. I understand that I must complete the Motion and Declaration for Waiver or Deferral of Fees to prove to the court that I do not have enough income or assets to pay the fees. I understand that if I do not prove my lack of income and assets, my request can be denied.

1. I am applying for waiver or deferral of the following fees:

- Filing Fees Motion/Response to Motion Fee

2. If the court defers fees, I understand that:

- a. The fees are a debt I owe to the State of Oregon, and the court may put me on a payment plan. I agree to pay the fees according to the payment plan. If I fail to do so, the total amount of unpaid fees will be referred for collection.
- b. The court will enter a judgment against me for the unpaid amount of the fees that are deferred, and the judgment will be enforced regardless of the outcome of the case.
- c. If the court refers this judgment for collection, administrative and collection costs will automatically be added to the judgment without further notice to me or further action by the court.

3. I understand that if the clerk denies my motion, I have the right to ask a judge to review my motion.

DECLARATION

1. PERSONAL

Full Name of Applicant: _____
First Name Middle Name Last Name

Residence Address: _____
Street Address City State Zip

Mailing Address (if different): _____
Street Address City State Zip

Telephone: _____ Date of Birth (month/day/year) _____
ODL/ID: _____ *SSN: _____ Marital Status: _____

*I am providing my Social Security number voluntarily. I understand that I cannot be forced to provide it or be denied consideration solely for failure to provide it. It may be used to verify my identification, credit and employment information, and for collection of court-imposed monetary obligations.

Names and ages of legal dependents living in household:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. PUBLIC ASSISTANCE (include the amount you receive PER MONTH, if any)

- I am now receiving assistance from the following programs (check all that apply):
 - Food Stamps (SNAP-Supplemental Nutrition Assistance Program) - \$ _____
 - Supplemental Security Income (SSI) - \$ _____
 - Temporary Assistance to Needy Families (TANF) - \$ _____
 - Oregon Health Plan (OHP)

If you checked any of the boxes above, you must provide documentation that specifically shows the dates that your benefits are active and the dollar amount that you receive.

3. EMPLOYMENT AND INCOME

Your Employment and Income

Currently Employed Not Currently Employed How long since last employment? _____
Employer Name (use previous employer if not currently employed) _____
Employer Address _____ Work Phone _____
Occupation (job title) _____ Length of Employment _____ Last Paycheck \$ _____
Wages/salary \$ _____ Per Hour or Per Week
Monthly Income: Gross (before taxes) \$ _____ Net (after taxes) \$ _____

Household Members' Employment and Income

Name and relationship to you: _____
 Currently Employed Not Currently Employed How long since last employment? _____
Employer Name (use previous employer if not currently employed) _____

Employer Address _____ Work Phone _____
 Occupation (job title) _____ Length of Employment _____ Last Paycheck \$ _____
 Wages/salary \$ _____ Per Hour or Per Week
 Monthly Income: Gross (before taxes) \$ _____ Net (after taxes) \$ _____

Any other income for you, household members, or dependents in addition to amounts listed in Section 2 (Social Security, food stamps, unemployment, retirement, public assistance, child support, workers' compensation, disability, tribal benefits, etc.):

Source of Income (describe)	Amount	How long received?	How often?
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

4. MONTHLY LIVING EXPENSES (Total: \$ _____ (from below))

Home

Rent/mortgage \$	Food \$	Trash \$
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Utilities

Electric \$	Gas \$	Water \$
Sewer \$	Phone \$	Cell \$
Cable \$	Internet \$	

Transportation

Vehicle payments \$	Insurance \$ /month	Gas \$
Bus \$	Parking \$	

Other

Credit cards \$	Student loans \$	Court fines \$
Medical \$	Child support \$	Other (describe)

Any other individuals who help pay your living expenses:

Relationship	Amount	Payment for what?
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

5. MONEY ON HAND / IN BANK

Cash \$ _____
 Checking Account # _____ Bank/Credit Union _____ Balance \$ _____
 Savings Account # _____ Bank/Credit Union _____ Balance \$ _____
 Other Account # _____ Institution _____ Balance \$ _____

6. VEHICLES

Year, Make, and Model	Value	Amount Owed	Payments made to:
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

7. REAL ESTATE

Address (include city and state)	Purchase Year	Purchase Price	Value	Amount Owed	Payments Made To:
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

8. ALL OTHER PROPERTY OR ASSETS (such as: ATVs, RVs, boats, guns, jewelry, livestock, etc.):

Description	Value	Description	Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

9. LIQUIDATION OF ASSETS

If you are unable to sell or liquidate your assets, explain why:

10. MONEY OWED TO YOU BY OTHERS (tax refunds, judgments, trust funds, settlements, etc.):

Name of Debtor Owing You Money	Amount Owed	Date Expected
_____	\$ _____	_____
_____	\$ _____	_____

11. OTHER INFORMATION YOU WANT COURT TO CONSIDER

I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.

 Date

 Signature of Applicant

 Name of Applicant (printed or typed)

INSTRUCTIONS FOR MOTION AND DECLARATION FOR WAIVER OR DEFERRAL OF FEES

Filing fees are NOT required in appeals stemming from criminal, habeas corpus, post-conviction relief, juvenile court, involuntary commitment of persons with mental illness or with an intellectual disability, Psychiatric Security Review Board, and State Board of Parole cases. Filing fees are required for all other appeals and agency reviews. A list of fees is available at www.courts.oregon.gov, more specifically at: <http://courts.oregon.gov/OJD/OSCA/acs/records/pages/filingfees.aspx>. The court accepts cash, credit cards (Visa and MasterCard only), and money orders or checks made out to State Court Administrator. If you cannot afford to pay the amount required, you may ask the court to waive or defer those fees and costs. If the court **defers** the fees and costs then you do not need to pay immediately. But, you still have to pay all deferred fees according to the order deferring fees issued by the Court of Appeals.

If you want to apply for a waiver or deferral of fees, complete the following form:

MOTION AND DECLARATION FOR WAIVER OR DEFERRAL OF FEES

Fill in the case heading. You must completely fill out the motion, including the declaration. Do not leave any sections blank. Date, sign, and print your name. The motion does not need to be served on anyone. Only the original need be filed with the Court of Appeals. Generally, the court will keep the document confidential (only court staff and the judge will see it), but, at the request of another party to the case and for good cause shown, the court will provide a copy to the adverse party.

If you claim to be eligible for public assistance, you must show proof of the amount you receive from all programs. Attach the proof to the motion. An Oregon Trail card is not acceptable proof of Food Stamp benefits. The documentation for all benefits must show who is covered, the dates of coverage, and the financial amount, if any, that is received.

At your request only, at the end of your case, fee deferrals may be addressed again if any amount is still unpaid. At your request the court will review the situation and decide whether the fees should be waived. If you make such a request, inform the court if financial and asset information has changed substantially.

Inmates: If an inmate seeks to file an action against a public body then an inmate's motion to waive or defer the filing fee must be accompanied by an inmate trust account statement which covers the last six months. ORS 30.643. The statement must be certified as correct by an official or an employee of the Department of Corrections charged with the responsibility of overseeing inmate trust accounts. Without this statement, the court cannot act on an inmate's motion.

Tips for completing the Declaration:

- Complete EVERY entry – enter “N/A” for “Not Applicable” if it does not apply to you.
- ONLY enter payments that you are legally required to make for yourself or your dependents. If you are paying any expenses for a child who is not your legal dependent, a parent, or anyone else, do NOT include those payments in your declaration.
- “ODL/ID” is your Oregon Driver’s License or identification number.
- “Transportation” includes bus passes, parking fees, etc.
- “Vehicle payments” and “Insurance” include all vehicles that you are currently making payments on (cars, trucks, motorcycles, scooters, bicycles, etc.).
- “Liquidation of assets” – if you sold your valuable possessions, how much would you get?
- A contingency fee agreement means that your lawyer gets paid part of any judgment or award that you get in this case.