

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_, )
Petitioner/Plaintiff, )
v. )
\_\_\_\_\_, )
Respondent/Defendant. )

Case No. \_\_\_\_\_

- Petitioner/Plaintiff
Respondent/Defendant

DECLARATION FOR WAIVER OR DEFERRAL OF FEES

(TO BE COMPLETED BY APPLICANT)

ACCESS TO THIS DOCUMENT IS RESTRICTED PURSUANT TO THE COURT'S POLICY TO PROTECT THE PERSONAL PRIVACY INTERESTS OF PARTIES

1. PERSONAL

Full Name of Applicant \_\_\_\_\_
FIRST NAME MIDDLE NAME LAST NAME

Residence Address \_\_\_\_\_
STREET ADDRESS CITY STATE ZIP

Mailing Address (if different) \_\_\_\_\_
ADDRESS CITY STATE ZIP

Telephone Number \_\_\_\_\_ \*SSN \_\_\_\_\_ ODL/ID \_\_\_\_\_ Marital Status \_\_\_\_\_

\*I am providing my Social Security number on a voluntary basis. I understand that I cannot be compelled 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 purposes of court imposed monetary obligations.

Names and ages of legal dependants living in household:

Table with 4 columns: Name, Age, Name, Age. Includes three rows of blank lines for entry.

2. 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 \_\_\_\_\_ Amount of Last Paycheck \$ \_\_\_\_\_

Hourly Wage \$ \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Monthly Income: Gross \$ \_\_\_\_\_ Net (after taxes) \$ \_\_\_\_\_

Spouse's Employment

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 \_\_\_\_\_ Amount of Last Paycheck \$ \_\_\_\_\_

Hourly Wage \$ \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Monthly Income: Gross \$ \_\_\_\_\_ Net (after taxes) \$ \_\_\_\_\_

Other income for you, spouse, dependants, or household members (for example: Social Security, unemployment, retirement, public assistance, child support, workers' compensation, disability, tribal benefits, etc.):

Table with 4 columns: Source of Income (describe), Amount, How long received?, How often received?. Includes three rows of blank lines for entry.

**Other household members who help pay your living expenses:**

Relationship _____	Amount \$ _____	Payment for what (describe)? _____
_____	\$ _____	_____

**3. MONEY ON HAND / IN BANK**

Cash \$ \_\_\_\_\_

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

**4. MOTOR VEHICLES**

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

**5. REAL ESTATE**

Address (include city and state) _____	Year Purchased _____	Purchase Price \$ _____	Value \$ _____	Amount Owing \$ _____	Payments made to: _____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

**6. ALL OTHER PROPERTY OR ASSETS** (for example: ATVs, RVs, boats, guns, jewelry, livestock, etc.):

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

**7. MONEY OWED TO YOU BY OTHERS** (for example: tax refunds, judgments, trust funds, etc.):

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

**8. MONTHLY LIVING EXPENSES**

Rent/Mortgage \$ _____	Gas \$ _____	Electric \$ _____	Vehicle Payment \$ _____
Credit Card Payment \$ _____	Water \$ _____	Sewer \$ _____	Vehicle Insurance \$ _____
Child Support Payment \$ _____	Trash \$ _____	Phone \$ _____	Transportation Costs \$ _____
Court Fines \$ _____	Medical \$ _____	Food \$ _____	Other _____ \$ _____

**9. LIQUIDATION OF ASSETS**

If you are unable to sell or liquidate your assets, please use this space to explain why: \_\_\_\_\_

I hereby declare that the above statement is true to the best of my knowledge and belief. I understand that it is made for use as evidence in court and is subject to penalty for perjury.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (printed or typed)