
DECLARATION OF GOOD FAITH EFFORT

I, Plaintiff, have made a good faith effort to collect this claim from the defendants before filing this claim with the court clerk.

(Describe your efforts): _____

If this case is subject to ORS 646A.670(1) (see the box at the top of page 1)
See the Oregon Judicial Department website for information about debt collection cases:
www.courts.oregon.gov/debtcollection

I have complied with ORS 646A.670(1) and UTCR 5.180. A completed *Consumer Debt Collection Disclosure Statement* is attached and incorporated into this pleading as required by UTCR 5.180(2)(iii).

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

Date

Plaintiff Signature

Email

Plaintiff Name (print)

DEFENDANT'S REGISTERED AGENT:

Name

Street (do not use a P.O. Box)

City / State / Zip

Phone

County

**NOTICE TO DEFENDANT:
READ THESE PAPERS CAREFULLY!**

Within **14 DAYS*** after receiving this notice you **MUST** do **ONE** of the following things in writing:

- Pay the claim plus filing fees and service expenses paid by plaintiff (send payment directly to the plaintiff, not to the court) **OR**
- Demand a hearing and pay the fee required (below) **OR**
- Demand a jury trial and pay the fee required (below). This option is available **only** if amount claimed is more than \$750.

If you fail to do one of the above within 14 DAYS* after you get this notice, the plaintiff may ask the court to enter a judgment against you. The judgment will be for the amount of the claim, plus filing fees and service costs paid by the plaintiff, plus a prevailing party fee. If you are not able to respond in time because you are in active military service of the United States, talk to a legal advisor about the Servicemembers Civil Relief Act.

COURT NAME / ADDRESS / PHONE #

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Defendant's Filing Fees (*must be filled in by the PLAINTIFF*):

- | | |
|--|----------|
| (1) To demand a hearing if the amount claimed is \$2,500 or less | \$ _____ |
| (2) To demand a hearing if the amount claimed is more than \$2,500 | \$ _____ |
| (3) To demand a jury trial (only if amount claimed is over \$750) | \$ _____ |

You can fill out and file your *Response* online at www.courts.oregon.gov/iforms. If you have questions about filing procedures, go to www.courts.oregon.gov. Or you may contact the court clerk. The clerk *cannot* give you legal advice about the claim.

***NOTE:** If the plaintiff is an adult in custody (ORS 30.642) AND the defendant is a government agency or other public body (ORS 30.260), the defendant must respond within **30 days** after receiving this Notice.