

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLATSOP
PO Box 835 Astoria OR 97103
503-325-8555

State of Oregon

Plaintiff,

Case No: _____

Citation No: _____

vs.

**REPORTING OFFICER'S
DECLARATION
(Trial by Declaration)**

Defendant.

The Defendant has entered a plea of Not Guilty and requested a Trial by Declaration. Please submit your Declaration of the facts to the Court.

I am the Reporting Officer in this case and I submit the following facts to the court:

Additional page attached

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

Date

Officer's Signature

Officer's Printed Name and Agency

Contact Address

City, State, Zip

Contact Phone